



National Health Service Corps Rural Community

Loan Repayment Program

Full- & Half-Time Service Opportunities

Fiscal Year 2019

Application & Program Guidance

May 2019

Application Submission Deadline: **July 18, 2019, 7:30 p.m. ET**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Health Workforce
5600 Fishers Lane
Rockville, Maryland 20857

For questions, please call 1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except federal holidays) 8 a.m. to 8 p.m. ET.

*Authority: Section 338B of the Public Health Service Act (42 USC 254I-1), as amended
Section 331(i) of the Public Health Service Act (42 USC 254d(i)), as amended
Consolidated Appropriations Act, 2018, Title II (Public Law No. 115-141, Title II) Department of Defense
and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing
Appropriations Act, 2019*

*Future changes in the governing statute, implementing regulations and Program
Guidance may also be applicable to National Health Service Corps Rural Community Loan Repayment
Program participants.*

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Privacy Act Notification Statement

General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579), as amended, for individuals supplying information for inclusion in a system of records.

Statutory Authority

Section 338B of the Public Health Service (PHS) Act (42 United States Code Section 254I-1), as amended; Section 331(i) of the PHS Act (42 United States Code Section 254d(i)), as amended by the Consolidated Appropriations Act of 2018 (P.L. 115-141); Consolidated Appropriations Act, 2018, Title II (Public Law No. 115-141, Title II); Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245).

Purposes and Uses

The purpose of the National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP) is to recruit and retain medical, nursing, and behavioral/mental health clinicians with specific training and credentials to provide evidence-based substance use disorder (SUD) treatment in rural communities designated as Health Professional Shortage Areas (HPSAs). The information that applicants submit for purposes of their NHSC Rural Community LRP application will be used to evaluate their eligibility, qualifications, and suitability for participating in the NHSC Rural Community LRP. In addition, information from other sources (e.g., credit bureau reports and National Practitioner Data Bank reports) will be considered.

An individual's application, supporting documentation, related correspondence, data, and contract will be maintained in a system of records to be used within the U.S. Department of Health and Human Services to monitor NHSC Rural Community LRP-related activities. The information may also be disclosed outside the Department, as permitted by the Privacy Act and Freedom of Information Act (FOIA), to the Congress, the National Archives, the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037 for Scholarship and Loan Repayment Program Records.

The name of an NHSC Rural Community LRP participant, discipline, specialty, business address, business telephone number, and service obligation completion date may be provided to professional placement firms in response to requests made under the FOIA.

Effects of Nondisclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the replies to questions related to Race/Ethnicity (Section 2 of the online application for NHSC Rural Community LRP), an application may be considered incomplete and therefore may not be considered for an award under this announcement.

Paperwork Reduction Act Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0127. Public reporting burden for this collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Office, 5600 Fishers Lane, Rockville, Maryland 20857.

Non-Discrimination Policy Statement

In accordance with applicable federal laws and U.S. Department of Health and Human Services policy, the Department does not discriminate on the basis of any non-merit factor, including race, color, national origin, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information.

Program Overview

Please read the Application and Program Guidance (Guidance) in its entirety before proceeding with an application. The Guidance explains in detail the rights and obligations of individuals selected to participate in the NHSC Rural Community LRP. A complete understanding of the commitment to serve at an NHSC-approved service site and the financial, legal, and other consequences of failing to perform that commitment is critical to successful completion of the mandatory service obligation associated with any NHSC Rural Community LRP award.

INTRODUCTION

The NHSC Rural Community LRP is administered by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Title II of the Consolidated Appropriations Act, 2018 (P.L. 115-141), and Title II of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) appropriated funding to the NHSC for the purpose of expanding and improving access to quality Opioid Use Disorder (OUD) and other SUD treatment in underserved areas nationwide. A portion of the NHSC’s funding will be used for rural workforce expansion to combat the opioid epidemic, which has had a particularly significant impact on rural communities. For example, Senate Report 115–289, states in part, that:

“[w]hile the opioid epidemic has affected both urban and rural counties, the burden in rural areas is significantly higher. Rural communities face a number of challenges in gaining access to healthcare in general, and substance abuse treatment in particular. [The Centers for Disease Control and Prevention] has found that drug-related deaths are 45 percent higher in rural communities, and that rural states are more likely to have higher rates of overdose deaths.”

In both the Explanatory Statement regarding H.R. 1625 (which ultimately became P.L. 115-141), and in the Conference Report to Accompany H.R. 6157 (which ultimately became P.L. 115-245), Congress expressed its intention that a portion of the NHSC’s appropriated funds be used for “the Rural Communities Opioid Response within the Office of Rural Health.” Consistent with this Congressional intent, and given the need of rural SUD professionals within the NHSC, the NHSC Rural Community LRP will make fiscal year Fiscal Year (FY) 2019 loan repayment awards in coordination with the Rural Communities Opioid Response Program (RCORP) initiative within the Federal Office of Rural Health Policy (FORHP). RCORP is a multiyear effort to reduce the morbidity and mortality of SUD, including OUD, in rural communities at highest risk for these conditions.

This effort also supports the [HHS 5-point Opioid Strategy](#) to combat the opioid crisis.

The primary purpose of this dedicated funding is to expand the scope of SUD treatment providers and sites that are eligible for participation in the NHSC LRP, including opioid treatment programs (OTPs), office-based opioid treatment (OBOT) facilities, and non-opioid outpatient SUD treatment facilities, which will be collectively referred to as **rural NHSC-approved SUD treatment facility** (see “[Definitions](#)” section) throughout this Guidance. Providers will be given loan repayment to reduce their educational financial debt in exchange for a service obligation to work at a rural NHSC-approved SUD treatment

facility, previously approved by NHSC (See [“rural NHSC-approved SUD treatment facility”](#) for further details).

The NHSC Rural Community LRP seeks eligible Allopathic/Osteopathic Physicians, Physician Assistants, Psychiatrists, Nurse Practitioners, Certified Nurse-Midwives, Psychiatric Nurse Specialists, Health Service Psychologists, Licensed Clinical Social Workers, Marriage and Family Therapists, Licensed Professional Counselors, SUD counselors, Clinical Pharmacists, Registered Nurses and Nurse Anesthetists (see [“Eligible Disciplines and Specialties”](#) section for complete list of eligible disciplines) who provide quality evidence-based SUD treatment or associated health care services at a rural NHSC-approved SUD treatment facility located in HPSAs identified by the Secretary of HHS (see HPSA definition in [“Definitions”](#) section).

NOTE: If an applicant signs an NHSC Rural Community LRP contract, they will be committing to serve in the HPSA to which the Secretary of HHS assigns them. If, for any reason, a participant is unable to complete their service obligation at the location named on their NHSC Rural Community LRP contract, they will be required to transfer to another rural NHSC-approved SUD treatment facility to fulfill their service obligation.

Service Options and Award Amounts

NHSC Rural Community LRP participants have a choice of the following service options:

1. Three-year Full-Time Clinical Practice. The NHSC will pay up to \$100,000 for 3 years of full-time clinical practice to clinicians serving at a rural NHSC-approved SUD treatment facility that is located in a Mental Health or Primary Medical Care HPSA. For a more detailed definition of full-time clinical practice, see the [“Service Requirements”](#) section.
2. Three-year Half-Time Clinical Practice. The NHSC will pay up to \$50,000 for 3 years of half-time clinical practice to clinicians serving at a rural NHSC-approved SUD treatment facility that is located in a Mental Health or Primary Medical Care HPSA. **Half-time practice is not available to those serving under the Private Practice Option (PPO).** See [“Practice Types”](#) section. For a more detailed definition of half-time clinical practice, see the [“Service Requirements”](#) section.

NOTE: If an applicant’s outstanding balance of qualifying educational loans is less than the stated award amount, the NHSC Rural Community LRP will pay the remaining balance of the total qualifying educational loans. However, in such cases, the participant will remain obligated to complete the three-year service obligation.

ELIGIBILITY REQUIREMENTS AND SELECTION FACTORS

Certain applicants who applied for FY 2019 NHSC LRP or FY 2019 NHSC SUD Workforce LRP may be eligible for the NHSC Rural Community LRP depending on their discipline and service site. Please note that FY 2019 NHSC LRP or FY 2019 NHSC SUD Workforce LRP applicants may also apply for the NHSC Rural Community LRP; however, if awarded they will only participate in one NHSC loan repayment program at a time. Therefore, if the NHSC determines that an applicant is eligible for an award in only one NHSC LRP program, the applicant will have an opportunity to accept an award in that particular NHSC program only. If the NHSC determines that an applicant is eligible for an award in more than one of the NHSC LRP programs, the NHSC will contact the applicant to determine which program the applicant prefers. However, the NHSC cannot guarantee that the applicant will be offered an award under their preferred NHSC program.

Eligibility Requirements

To be eligible for an NHSC Rural Community LRP award, all applicants must:

- (1) Be a U.S. citizen (either U.S. born or naturalized) or U.S. National;
- (2) Have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration in the discipline in which he/she is applying to serve;
- (3) Participate or be eligible to participate as a provider in the Medicare, Medicaid, and Children's Health Insurance Programs, as appropriate;
- (4) Be eligible for federal employment. Most NHSC Rural Community LRP participants should expect to serve their commitments as salaried, non-federal employees of a public or private entity approved by the NHSC. However, there may be vacancies that require federal employment, including a security clearance. In light of the potential for federal employment, an applicant must be eligible for, or hold, an appointment as a commissioned officer in the Regular Corps of the Public Health Service or be eligible for selection for civilian service in the NHSC. For more information, please visit the [Commissioned Corps of the U.S. Public Health Service website](#);
- (5) Submit a complete application on or before **July 18, 2019**. See the instructions for "Completing an Application" in the [APPLICATION INFORMATION](#) section later in this Guidance; and
- (6) Be employed by, or have accepted a position at, a rural NHSC-approved SUD treatment facility where employment and provision of care to patients will begin no later than July 18, 2019.

Eligible Disciplines and Specialties

Providers listed in the tables below are eligible to apply for the NHSC Rural Community LRP if they meet the discipline-specific training, licensure, and credentialing requirements described beginning on p. 8. **Such professionals are considered by the NHSC to be SUD professionals and part of a SUD-integrated care team** (see SUD Professional definition in "[Definitions](#)" section).

Primary Medical Care:

<i>Eligible Discipline</i>	<i>Specialty</i>
Physicians <ul style="list-style-type: none"> • Allopathic (MD) • Osteopathic (DO) 	<ul style="list-style-type: none"> • <i>Family Medicine</i> • <i>General Internal Medicine</i> • <i>General Pediatrics</i> • <i>Obstetrics/Gynecology</i> • <i>Geriatrics</i> • <i>Psychiatry</i>
Physician Assistants (PA) Nurse Practitioners (NP) Registered Nurses (RN) Certified Registered Nurse Anesthetist¹	<ul style="list-style-type: none"> • <i>Adult</i> • <i>Family</i> • <i>Pediatric</i> • <i>Women’s Health</i> • <i>Geriatrics</i>
Certified Nurse-Midwives (CNM)	N/A
Pharmacists	N/A

Behavioral/Mental Health:

<i>Eligible Discipline</i>	<i>Specialty</i>
Physicians <ul style="list-style-type: none"> • Allopathic (MD) • Osteopathic (DO) 	<ul style="list-style-type: none"> • <i>Psychiatry</i>
Nurse Practitioners (NP) Physician Assistants (PA)	<i>Mental Health & Psychiatry</i>
Health Service Psychologists (HSP) Licensed Clinical Social Workers (LCSW) Psychiatric Nurse Specialists (PNS) Marriage and Family Therapists (MFT) Licensed Professional Counselors (LPC) Substance Use Disorder (SUD) Counselors	<i>All specialties are eligible</i>

¹ Note that Certified Registered Nurse Anesthetists are eligible for NHSC Rural Community LRP, but are not eligible to participate in any other the NHSC Loan Repayment Programs.

Training, Licensure, and Required Credentials

NHSC Rural Community LRP applicants must demonstrate satisfactory professional competence and conduct and meet discipline and specialty-specific education, training and licensure requirements, as described below.

Applicants who intend to practice under the NHSC Rural Community LRP as federal employees, federal contractors, or employees of a tribal health program (see [“Definitions”](#) section) in a state in which the tribal health program provides services described in its contract, **must** have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in a state.

All other applicants must have a current, full, permanent, unencumbered, unrestricted health professional license, as set forth below, in the state where their rural NHSC-approved SUD treatment facility is located, unless otherwise noted below. The NHSC Rural Community LRP reserves the right to request documented proof of completion of discipline-specific advanced training (residency, certification, fellowships, etc.) and any other requirements set forth below. Please note that while an applicant may be licensed in the state of intended practice, there may be additional requirements identified below that must be met in order to be eligible for the NHSC Rural Community LRP. See, for example, the [“Telehealth Policies”](#) section for requirements pertaining to participants providing telehealth services.

Supplemental SUD Credentials

The following supplemental SUD credentials are not required but will determine an applicant’s ranking for purposes of the NHSC Rural Community LRP:

- SUD licensure/certification. SUD licensure/certification refers to a state-issued license or certification to provide SUD treatment that is granted to a health professional in an eligible discipline or specialty (see [“Eligible Disciplines and Specialties”](#) section above), and is distinct from the licensure/certification that SUD counselors must have in order to practice SUD counseling. SUD licensure/certification must meet national standards as recognized by either the National Board of Certified Counselors (NBCC); NAADAC, the Association for Addiction Professionals; or International Certification & Reciprocity Consortium (IC&RC).
- A Drug Enforcement Administration (DEA) Registration Certificate that clearly reflects the possession of a DATA 2000 waiver.

The NHSC understands that some SUD professionals will be dually credentialed at the time of award under the NHSC Rural Community LRP. All program participants are expected to maintain all current licenses and/or certifications (as applicable) throughout the duration of their service obligation. Failure to do so may result in a breach of their NHSC Rural Community LRP contract.

NOTE: Please be advised that the National Practitioner Data Bank will be queried for each applicant as part of the application process.

Required Credentials for Eligible Disciplines

1. Primary Medical Care

All Primary Care applicants that fall under these disciplines should refer to the “Training, Licensure, and Required Credentials”, section above for applicable SUD requirements.

- Allopathic (MD) or Osteopathic (DO) Physicians must have:
 - i. **Education Requirements**

A certificate of completion of a M.D. or D.O. at one of the following accredited schools located in a state, the District of Columbia, or a U.S. territory:
A school of allopathic medicine accredited by the Liaison Committee on Medical Education;
-OR-
A school of osteopathic medicine accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
 - ii. **Certification Requirement**

Completed a residency program in a primary care specialty or fellowship in addiction medicine, approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association
 - iii. **Licensure requirements**

A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.
- Physician Assistants (PAs) must practice under the supervision of a primary care physician and have:
 - i. **Educational Requirement**

A certificate of completion or an associate, bachelor’s, or master’s degree from a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant at a college, university, or educational institution that is accredited by a U.S. Department of Education nationally recognized accrediting body or organization.
 - ii. **Certification Requirement**

National certification by the National Commission on Certification of Physician Assistants;
 - iii. **Licensure requirements**

A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

- Nurse Practitioners (NPs) must have:
 - i. **Educational Requirement**
A master’s degree, post-master’s certificate, or doctoral degree from a school accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE), in one of these primary care NP specialties: Adult, Family, Pediatric, Women’s Health, or Geriatrics.
 - ii. **Certification Requirement**
National certification by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners , the Pediatric Nursing Certification Board (formerly the National Certification Board of Pediatric Nurse Practitioners and Nurses), or the National Certification Corporation in one of these primary care NP specialties: Adult, Family, Pediatric, Women’s Health, or Geriatrics
 - iii. **Licensure requirements**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

NOTE: Allopathic and Osteopathic Physicians, Physician Assistants, and Nurse Practitioners who are eligible for the NHSC Rural Community LRP and may serve in a primary care or mental health HPSA.

- Certified Nurse-Midwives (CNMs) must have:
 - i. **Educational Requirement**
A master’s degree or post-baccalaureate certificate from a school accredited by the American College of Nurse-Midwives (ACNM);
 - ii. **Certification Requirements**
National certification by the American Midwifery Certification Board (formerly the ACNM Certification Council).
 - iii. **Licensure requirements**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the state in which they intend to practice under the NHSC Rural Community LRP unless practicing in a federal facility.
- Pharmacists must have:
 - i. **Educational requirements**
A health professional degree from a School of Pharmacy accredited by the Accreditation Council for Pharmacy Education at a college, university, or educational institution that is accredited by the U.S. Department of Education nationally recognized accrediting body or organization;

- ii. **Certification requirements**
No additional certifications required.

 - iii. **Licensure requirements**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) that allows them to practice independently and without direct clinical supervision in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.
- Registered Nurses must have:
 - i. **Educational requirements**
A degree from a school of nursing accredited by the U.S. Department of Education and has passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

 - ii. **Certification requirements**
No additional certifications required.

 - iii. **Licensure requirements**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) that allows them to practice independently and without direct clinical supervision in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

 - Certified Registered Nurse Anesthetist must have:
 - i. **Educational requirements**
A Master's degree from a school of nursing accredited by the U.S. Department of Education and has passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

 - ii. **Certification requirements**
National certification by the National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA)

 - iii. **Licensure requirements**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) that allows them to practice independently and without direct clinical supervision in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

2. Behavioral/Mental Health

The NHSC recognizes that states have varying educational, experience and testing requirements for the licensing of behavioral health clinicians. The NHSC generally adheres to national certification and licensing standards to facilitate the clinician's ability to meet licensure requirements in other states if a transfer to another site in a different state is needed.

All Behavioral/Mental Health applicants that fall under these disciplines should refer to the "Training, Licensure, and Required Credentials", section above for applicable SUD requirements.

- Psychiatrists must have:
 - i. **Educational Requirement**
The qualifications for Allopathic (MD) or Osteopathic (DO) Physicians [stated in section 1.a. above];
 - ii. **Certification Requirements**
Complete a psychiatry residency program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.
 - iii. **Licensure requirements**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility;
- Health Service Psychologists (HSPs) must have:
 - i. **Certification requirement**
A doctoral degree (Ph.D. or equivalent) directly related to full professional work in clinical or counseling psychology from a program accredited by the American Psychological Association, Commission on Accreditation.
 - i. **Certification requirements**
Passed the Examination for Professional Practice of Psychology; the ability to practice independently and unsupervised as a health service psychologist.
 - ii. **Licensure requirements**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the state in which they intend to practice that allows them to practice independently and without direct clinical supervision under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

NOTE: HSPs who work at schools that are NHSC SUD treatment facilities are eligible to participate in the NHSC Rural Community LRP, so long as they meet all other requirements listed above, are engaged in SUD counseling services, and are able to meet the clinical practice requirements for the entire calendar year (see the "[Service Requirements](#)" and "[Requirements for School-Based Clinics](#)"

sections). Psychologists focused on career or guidance counseling are not eligible to participate in the NHSC Rural Community LRP.

- Licensed Clinical Social Workers (LCSWs) must have:

- i. **Educational Requirement**

A master's degree or doctoral degree in social work from a school accredited by the Council on Social Work Education and affiliated with an educational institution accredited by the U.S. Department of Education nationally recognized accrediting body;

- ii. **Certification requirements**

Successfully passed the Association of Social Work Boards (ASWB) Clinical or Advanced Generalist licensing exam prior to July 1, 1998, or the ASWB Clinical Exam on or after July 1, 1998;

-OR-

Successfully passed the LCSW Standard Written Examination and the Clinical Vignette Examination; completed state required number of years or hours of clinical social work experience under the supervision of a licensed independent social worker and passing the clinical level of the ASWB exam.

A provider's license or certification to provide SUD treatment must meet the national standard recognized by the NBCC; NAADAC, the Association for Addiction Professionals; or IC&RC.

- iii. **Licensure requirements**

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) that allows them to practice independently and without direct clinical supervision as a Clinical Social Worker, from the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

- Psychiatric Nurse Specialists (PNSs) must have:

- i. **Educational Requirement**

A master's degree or higher degree in nursing from a program accredited by the NLNAC or the Commission on Collegiate Nursing Education (CCNE) with a specialization in psychiatric/mental health and 2 years of post-graduate supervised clinical experience in psychiatric/mental health nursing

-OR-

A baccalaureate or higher degree in nursing from a program accredited by the NLNAC or CCNE;

- ii. **Certification requirements**

Certification by the American Nurses Credentialing Center as a Psychiatric and Mental Health Nurse, Clinical Specialist in Adult Psychiatric and Mental Health Nursing, or Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing;

- iii. **Licensure requirements**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice at the level of licensure that allows them to practice independently and without direct clinical supervision as a Registered Nurse (or PNS, if applicable) in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.
- Marriage and Family Therapists (MFTs) must have:
 - i. **Educational requirements**
A master's or doctoral degree in marriage and family therapy from a program accredited by the American Association for Marriage and Family Therapy, Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or a graduate degree in another mental health field (psychiatry, psychology, clinical social work, psychiatric nursing, etc.) and completed a COAMFTE accredited post-graduate degree clinical training program in marriage and family therapy;
 - ii. **Certification requirements**
At least 2 years of post-graduate supervised clinical experience as an MFT;
-OR-
Clinical Fellow membership with the American Association for Marriage and Family Therapy (AAMFT);
-OR-
Successfully passed the MFT Standard Written Examination;
 - iii. **Licensure requirements**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice independently and unsupervised as an MFT in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility;
- Licensed Professional Counselors (LPCs) must have:
 - i. **Educational requirements**
A master's degree or higher degree with a major study in counseling from a school accredited by a U.S. Department of Education nationally recognized regional or state institutional accrediting agency
At least 2 years of post-graduate supervised counseling experience;
 - ii. **Certification requirements**
No additional certifications required
 - iii. **Licensure requirements**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice independently and

unsupervised as an LPC in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility;

-OR-

If such licensure is not available in the state of intended practice, have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice independently and unsupervised as an LPC in a state and be practicing independently and unsupervised and in a manner consistent with state law in the state where they intend to practice

LPCs who work at schools that are rural NHSC-approved SUD treatment facilities are eligible to participate in the NHSC Rural Community LRP, so long as they meet all other requirements listed above, are engaged in SUD counseling services, and are able to meet the clinical practice requirements for the *entire* calendar year (see “[Service Requirements](#)” and “[Requirements for School-Based Clinics](#)” sections). Career or guidance counselors are *not* eligible to participate in the NHSC Rural Community LRP.

- *Substance Use Disorder Counselors must have:*

- i. Educational requirements**

- A master’s degree or higher in a health professional field of study from a school accredited by the U.S. Department of Education nationally recognized regional or state institutional accrediting agency.
 - Certification or licensure requirements are applicable to the state in which they practice.

- ii. Certification requirements**

- A state-issued certification to provide SUD treatment. A provider’s certification to provide SUD treatment must meet the national standard recognized by the NBCC; NAADAC, the Association for Addiction Professionals; or IC&RC.

- iii. Licensure requirements**

- A state-issued license to provide SUD treatment. A provider’s license to provide SUD treatment must meet the national standard recognized by the NBCC; NAADAC, the Association for Addiction Professionals; or IC&RC.

NOTE: Primary care behavioral/mental health providers, including Psychiatrists, Health Service Psychologists, Licensed Clinical Social Workers, Psychiatric Nurse Specialists, Marriage and Family Therapists, and Licensed Professional Counselors, may serve in primary care or mental health HPSA.

Information on Continuing Service

An NHSC Rural Community LRP participant should not expect to receive a continuation contract for participation in the program beyond the initial three-year contract.

Selection Factors and Funding Priorities The NHSC utilizes the selection factors and funding priorities detailed below while reviewing eligible NHSC Rural Community LRP applications to determine who will be offered an award.

Selection Factors

Applicants who meet the eligibility criteria outlined above must also demonstrate that they:

- (1) **Have a history of honoring prior legal obligations.** The NHSC will perform a soft inquiry with the credit bureaus to verify that applicants have a history of honoring prior legal obligations. This inquiry will not affect an applicant's credit score. Applicants are encouraged to unlock any frozen credit reports. NHSC Rural Community LRP applicants who do not have a history of honoring prior legal obligations, as evidenced by one or more of the following factors, will not be selected:
 - a. Default on any federal payment obligations, e.g., Department of Education student loans, Health Education Assistance Loans, Nursing Student Loans, Federal Housing Administration (FHA) Loans, federal income tax liabilities, federally-guaranteed/insured loans (e.g., student or home mortgage loans) or any non-federal payment obligations (e.g., court-ordered child support payments or state tax liabilities), even if the applicant is currently considered to be in good standing by that creditor.
 - b. Write off of any federal or non-federal debt as uncollectible or waiver of any federal service or payment obligation.
 - c. Default on a prior service obligation, e.g., applicants who have defaulted on a prior service obligation to the federal government, a state or local government, or other entity, even if the applicant subsequently satisfied that obligation through service, monetary payment or other means.
 - d. Any judgment liens arising from federal debt.
- (2) **Are not in breach of any service obligation.** Applicants who are in breach of a health professional service obligation to a federal, state, or other entity will not be selected to participate in the NHSC Rural Community LRP.
- (3) **Do not have an existing service obligation and will not incur a service obligation that would be performed concurrently or overlap with their NHSC Rural Community LRP service obligation.** Applicants who are already obligated to a federal, state, or other entity for professional practice or service (e.g., active military duty, the NHSC Scholarship Program, the traditional NHSC LRP, SUD Workforce LRP, and the NURSE Corps Scholarship Program) will not be selected for an award unless that obligation will be completely satisfied prior to commencement of the NHSC Rural Community LRP service (see "Start of Service Obligation" section). Further, participants who subsequently enter into other service obligations (e.g., State Loan Repayment Program) will be subject to the breach of contract provision (see the "[Breaching the NHSC Rural Community LRP Contract](#)" section). An exception exists for individuals of a Reserve component of the Armed Forces (including the National Guard), as described below.

EXCEPTION: Individuals in a Reserve component of the Armed Forces, including the National Guard, are **eligible** to participate in the NHSC Rural Community LRP. Reservists should understand that Military training or service performed by reservists will not satisfy the NHSC Rural Community LRP service obligation. If a participant’s military training and/or service, in combination with the participant’s other absences from their NHSC-approved site, will exceed 7 weeks per service year, the participant should request a suspension. The NHSC Rural Community LRP service obligation end date will be extended to compensate for the break in NHSC service. If the reservist is deployed, he/she is expected to return to the NHSC-approved site where he/she was serving prior to deployment. If unable to do so, the reservist must request a transfer to another NHSC-approved site. If the reservist fails to seek a transfer and subsequently refuses to accept an NHSC assignment to another approved site, he/she will be placed in default of their service obligation.

(4) **Are not currently excluded, debarred, suspended, or disqualified by a federal agency.**

Applicants are required to report certain information, which is described in the “Certification Regarding Debarment, Suspension, Disqualification and Related Matters” section of the online application. The applicant should sign the certification that is applicable to their situation. As a condition of participating in the NHSC Rural Community LRP, a participant must agree to provide immediate written notice to the NHSC Rural Community LRP if the participant learns that he/she failed to make a required disclosure or that a disclosure is now required due to changed circumstances.

Funding Priorities

Priority will be given to qualified applicants who demonstrate the following:

- **Current (or former) NHSC Scholarship Program Participants.** Previous NHSC Scholarship Program recipients who have completed their service obligation and have eligible student loans.
- **Likelihood of Remaining in a HPSA.** The NHSC Rural Community LRP will give priority to applicants who have characteristics that indicate a higher likelihood of continuing to practice in a HPSA after the service commitment is completed. The NHSC will measure this priority based on the applicant’s tenure of employment at their current NHSC-approved site.
- **Disadvantaged Background.** Individuals who come from a disadvantaged background. Applicants must submit certification from their school that they were identified as having a “disadvantaged background” based on environmental and/or economic factors.
- **County Overdose Mortality Rates.** Applicants will be further prioritized based on the overdose mortality rates of the geographic area where their SUD treatment facility is located.
- Health professionals serving at rural NHSC-approved SUD treatment facilities that are **RCORP Consortium member sites.** (See RCORP Consortium Member Site in the [“Definitions”](#) section for further details.)

NOTE: The NHSC will use HPSA data as of January 1, 2019, and will do so throughout the FY 2019 application and award cycle. If an applicant will serve at multiple rural NHSC-approved SUD treatment

facilities within tiers 1 and 2 (as outlined below), the highest tier will be used to determine the order in which the application will be ranked.

Tiering for Funding Priorities

Clinician Type	Rural NHSC-approved SUD Treatment Facility Requirement	HPSA
Tier 1		
All SUD professionals with OR without SUD Licensure/Certification or DATA 2000 Waiver	RCORP Consortium Member Site	25-0
Tier 2		
All SUD professionals with SUD Licensure/Certification or DATA 2000 Waiver	SAMHSA-certified opioid treatment program (OTP) Office-based opioid treatment (OBOT) facility Non-opioid outpatient SUD treatment facility	25-0
Tier 3		
All SUD Professionals without SUD Licensure/Certification or DATA 2000 Waiver	SAMHSA-certified opioid treatment program (OTP) Office-based opioid treatment (OBOT) facility Non-opioid outpatient SUD treatment facility	25-0

Transitioning from the NHSC Scholarship Program (SP) or the traditional NHSC LRP to a three-year NHSC Rural Community LRP Obligation

Current NHSC SP Participants

Scholars completing their service obligation who wish to be considered for an FY 2019 NHSC Rural Community LRP three-year award will be able to complete an application by accessing their [BHW Customer Service Portal](#) account and submitting a complete application by the deadline (July 18, 2019).

If a Scholar intends to remain at their current site, it must be identified as a rural NHSC-approved SUD treatment facility. The NHSC SP service obligation must be fulfilled by July 31, 2019 to be eligible for the NHSC Rural Community LRP. These Scholar applicants will be considered on a non-competitive basis.

Under this initiative, transfers between rural NHSC-approved SUD treatment facilities are only allowed to other approved rural NHSC-approved SUD treatment facilities.

Scholars who intend to transfer to a rural NHSC-approved SUD treatment facility must complete their NHSC SP obligation and begin working at the new rural NHSC-approved SUD treatment facility within 30 days of completing the NHSC SP obligation or by July 18, 2019, whichever is earlier. When completing the application, scholar applicants who intend to transfer will need to identify the new site in order to verify the future employment.

Current NHSC LRP Participants

NOTE: Current NHSC LRP participants are eligible to apply for a three-year NHSC Rural Community LRP contract if they have qualifying educational loans and their existing NHSC LRP service obligation will be fulfilled by the application deadline, which is July 18, 2019. Note that NHSC LRP applicants will not get service credit between the end of their NHSC LRP obligation and the start of their new NHSC Rural Community LRP obligation.

Qualifying and Non-Qualifying Educational Loans

NHSC Rural Community LRP applicants must have qualifying educational loans. A participant will receive loan repayment funding to be applied to the principal, interest, and related expenses of outstanding Government (federal, state, or local) and commercial (i.e., private) student loans for undergraduate or graduate education obtained by the participant for school tuition, other reasonable educational expenses, and reasonable living expenses. The educational loans must be obtained prior to the date the participant submits their online application to the NHSC Rural Community LRP.

Consolidated or refinanced loans may be considered for repayment, so long as they are from a Government (federal, state, or local) or private student loan lender and include only qualifying educational loans of the applicant. If an otherwise eligible educational loan is consolidated/refinanced with ineligible (non-qualifying) debt of the applicant, **no** portion of the consolidated/refinanced loan will be eligible for loan repayment. For loans to remain eligible, applicants/participants must keep their eligible educational loans segregated from all other debts. In addition, eligible educational loans consolidated with loans owed by any other person, such as a spouse or child, are ineligible for repayment.

Non-Qualifying Educational Loans

The following loans do not qualify for the NHSC Rural Community LRP:

1. Loans for which the applicant incurred a service obligation, which will not be fulfilled before the deadline for submission of the NHSC Rural Community LRP application (July 18, 2019).
2. Loans for which the associated documentation cannot identify which loan was solely applicable to the undergraduate or graduate education of the applicant.
3. Loans not obtained from a Government entity or private commercial student lending institution. Most loans made by private foundations to individuals are not eligible for repayment.
4. Loans that have been repaid in full
5. Primary Care Loans
6. Parent PLUS Loans (made to parents)

7. Personal lines of credit
8. Loans subject to cancellation
9. Residency loans
10. Credit card debt

NOTE: Documentation of loans will be required. Qualifying educational loans must have documentation to indicate they were contemporaneous with the education received. Loan documentation will be verified by contacting lenders/holders and reviewing the applicant's credit report.

Award Process

Only the Secretary of HHS or their designee can grant an NHSC Rural Community LRP award. Awards cannot be guaranteed or granted by the service site personnel, NHSC staff, a Primary Care Office, a Primary Care Association, or any other person or entity. Applicants selected as finalists will receive a Confirmation of Interest (COI) email with instructions to sign and return the NHSC Rural Community LRP contract and provide banking information to facilitate the electronic transfer of the award funds (assuming that the contract is approved by a representative of the Secretary of HHS).

An applicant's signature alone on the NHSC Rural Community LRP contract document does not constitute a contractual agreement. The NHSC Rural Community LRP contract becomes effective on the date it is countersigned by the Secretary of HHS or their designee. It is anticipated that all FY 2019 NHSC Rural Community LRP contracts will be countersigned on or before **September 30, 2019**.

Once an applicant has been selected for an award, the applicant will be provided with information for logging into the [BHW Customer Service Portal](#). This web-based system will allow NHSC Rural Community LRP participants to communicate with the NHSC and manage several customer service inquiries, such as contact information changes. The participant's award letter (available in the [BHW Customer Service Portal](#)) will note the beginning and estimated end date of the service obligation. A participant's end date may change depending on circumstances arising during the term of their service obligation.

An applicant may withdraw their application any time **before** a contract is countersigned by the Secretary or their designee (see the "[Notification of Award](#)" section). **After** a contract has taken effect, the Secretary or their designee may terminate the contract only under the circumstances set forth below (see the "[Contract Termination](#)" section). Awards are disbursed in the form of a lump sum payment and will be electronically issued to the bank account provided by the participant approximately 90 days after the contract start date. Where the award amount is less than the maximum amount set forth in this Guidance, the payment will be calculated to include interest accrued during the period between the contract start date and the disbursement of funds.

NOTE: Under the Treasury Offset Program, the Treasury Department is authorized to offset NHSC Rural Community LRP payments for application to delinquent federal and state debts, including delinquent child support payments.

Once a contract is in place, the participant is encouraged to participate in a New NHSC Rural Community LRP Awardee Webinar that will review program requirements. Participants will be notified by email of upcoming webinars and other training opportunities.

UNDERSTANDING THE NHSC RURAL COMMUNITY LRP CONTRACT

Participants of the NHSC Rural Community LRP are expected to perform an integral role in the delivery of SUD treatment services. These providers will support an integrated care model allowing SUD treatment facilities to provide comprehensive care. In return for receiving an NHSC Rural Community LRP award, participants agree to provide three years of either full-time or half-time clinical practice at one or more rural NHSC-approved SUD treatment facility that provides evidenced-based SUD treatment and are located in a HPSA.

Participants are expected to begin service immediately on the date that the NHSC Rural Community LRP contract becomes effective, which is the date it is countersigned by the Secretary or their designee. The participant's award letter will note the beginning and projected end dates of the service obligation. In addition, this information is contained in the participant profile on the [BHW Customer Service Portal](#). ***Participants will not receive service credit for any employment at an NHSC-approved service site prior to the effective date of their NHSC Rural Community LRP contract.***

"Full-time clinical practice" is defined by law as no less than 40 hours per week, for a minimum of 45 weeks per service year.

At the participant's request and with written concurrence of the rural NHSC-approved SUD treatment facility, the Secretary of HHS may subsequently allow the participant to convert to half-time service for double the period of the full-time service obligation, by entering into an addendum to their contract. "Half-time clinical practice" is defined as no less than 20 hours per week, for a minimum of 45 weeks per service year.

For both full-time and half-time participants, more specific requirements will apply, depending on the participant's discipline/specialty (see the "[Requirements for Full-Time or Half-Time Clinical Practice](#)" section). Participants are subject to the service requirements in effect at the time they are scheduled to begin service.

The NHSC reserves the right to make final decisions on all site assignments. There is no guarantee that currently approved NHSC SUD treatment facilities will remain NHSC-approved throughout a participant's service obligation.

NOTE: Participants who, for any reason, fail to begin or complete their service obligation at their assigned service location are in breach of the NHSC Rural Community LRP contract and incur the damages described in the "[Breaching the NHSC Rural Community LRP Contract](#)" section.

Contract Termination

An applicant becomes a participant in the NHSC Rural Community LRP only upon entering into a contract with the Secretary of HHS. The contract becomes fully executed (and effective) on the date that the Secretary (or the Secretary's designee) countersigns the contract. For FY 2019 NHSC Rural Community LRP contracts, Congress has provided that the Secretary may terminate an NHSC Rural Community LRP contract if, within sixty (60) days following the contract's execution date, the participant:

- (1) Submits a written request to terminate the contract; **and**
- (2) Repays all NHSC Rural Community LRP funds paid to, or on behalf of, the participant under that contract.

A written request for contract termination should be submitted through the [BHW Customer Service Portal](#). If the NHSC Rural Community LRP funds have been disbursed to the participant, he/she will receive separate instructions via the [BHW Customer Service Portal](#) or directly from an NHSC representative outlining the process for returning the awarded funds.

Practice Agreement Types

There are three (3) practice types available to NHSC participants:

- (1) **Federal Assignment.** NHSC Rural Community LRP participants serving as federal employees are either Federal Civil Service employees or active members of the U.S. Public Health Service (USPHS) Commissioned Corps and will typically be working at a federal site (e.g., an IHS hospital). **Participants assigned as Civil Servants may request to serve half-time (subject to federal personnel regulations); USPHS Commissioned Officers must serve full-time.**
- (2) **Private Practice Assignment (PPA).** Under a PPA, an NHSC Rural Community LRP participant is employed by a public or private entity and is subject to the personnel system (i.e., employment policies) of the entity to which he/she is assigned. In addition, the site assures that the participant will receive a salary and malpractice coverage at least equal to what he/she would have received as a civilian employee of the U.S. Government. Malpractice insurance, including tail coverage, can be provided through a commercial carrier or through the Federal Tort Claims Act, if available. **The PPA service option is available to both full-time and half-time participants.**
- (3) **Private Practice Option (PPO).** Under the PPO, an NHSC RURAL COMMUNITY LRP participant may be (a) self-employed (e.g., a solo practitioner or co-owner of the site at which the applicant works); (b) part of a group practice; (c) an independent contractor; or (d) a salaried employee of an eligible, NHSC-approved site who is not receiving salary and malpractice coverage at least equal to what he/she would receive as a Federal Civil Servant. In order to serve under the PPO, the participant must submit a PPO request (application) and, if the NHSC approves such the request, the participant must enter into a PPO Agreement that stipulates the special provisions that apply to those serving under the PPO. **The PPO service option is open only to full-time participants.**

NOTE: Federal Assignments and Private Practice Assignments require the NHSC-approved service site to accept Medicare assignment, enter into the appropriate agreements under Medicaid and the Children’s Health Insurance Program, and utilize a schedule of discounts (including, as appropriate, waivers) of fees based on a patient’s ability to pay. See the definition of NHSC SUD treatment facilities in the “[Definitions](#)” section. The PPO requires the individual to comply with the same billing requirements.

Providers who work at schools that are rural NHSC-approved SUD treatment facilities are eligible to participate in the NHSC Rural Community LRP, so long as they meet all other requirements listed above and are able to meet the clinical practice requirements for the entire calendar year (see “[Service Requirements](#)” and “[Requirements for School-Based Clinics](#)” sections). Career or guidance counselors are not eligible to participate in the NHSC Rural Community LRP.

If an applicant is...	and their salary and malpractice/tail coverage are...	they will serve under a:
A Federal Civil Service employee or an active member of the U.S. Public Health Service Commissioned Corps	provided by a federal government entity	Federal Assignment (FA)
NOT a federal employee but an employee of an eligible rural NHSC-approved SUD treatment facility	<i>at least equal to what they would earn as a civilian employee of the U.S. Government</i>	Private Practice Assignment (PPA)
NOT a federal employee but an employee of an eligible HPSA site	<i>less than what they would earn as a civilian employee of the U.S. Government</i>	Private Practice Option (PPO)
NOT a federal employee but an independent contractor to an eligible HPSA site, or a member of a group practice in an eligible HPSA site, or a solo practitioner in an eligible HPSA site	whatever income they earn or generate; whatever malpractice coverage they purchase or receive	Private Practice Option (PPO)

The last day of the service obligation is determined in whole years from the start date. For example, the last day of service for a participant with a three-year full-time service obligation that began on July 15, 2019, would be July 14, 2022.

SERVICE REQUIREMENTS

An NHSC Rural Community LRP participant must either: 1) be working at an rural NHSC-approved SUD treatment facility or 2) have accepted an offer of employment at an rural NHSC-approved SUD

treatment facility by the date they submit their application and will begin meeting the NHSC clinical practice requirements at the rural NHSC-approved SUD treatment facility they identified (in their application) by July 18, 2019.

If the applicant's site has not yet been approved as a rural NHSC-approved SUD treatment facility, the applicant is not eligible to apply for an NHSC Rural Community LRP award. If the applicant intends to remain at the site at which he/she currently works, and it is not a rural NHSC-approved SUD treatment facility, he/she will not be eligible to participate in the NHSC Rural Community LRP. The NHSC will accept applications for new NHSC SUD treatment facilities in spring 2019. Site application cycles will be announced on the [NHSC website](#).

Converting from Full-Time to Half-Time

At the participant's request and with written concurrence of the NHSC-approved service site, the Secretary of HHS may subsequently allow the participant to convert to half-time service for double the period of the full-time service obligation, by entering into an addendum to their contract. The following conditions must be met to be considered for half-time service:

1. A participant's NHSC-approved service site agrees in writing that the participant may convert to half-time clinical practice (as defined by the NHSC);
2. A participant is a federal employee or a Private Practice Assignee (see the "[Practice Types](#)" section). The half-time option is not authorized for PPO practitioners; and
3. A participant agrees in writing (by signing an addendum to the NHSC Rural Community LRP Full-Time Contract) to complete the remaining service obligation through half-time clinical practice for twice as long as the full-time commitment.

The current half-time clinical practice policies are set forth below and are subject to change. Requests must be submitted through the [BHW Customer Service Portal](#). If the participant is approved to convert to half-time status, their service obligation end date and their allowable leave will be adjusted accordingly. Participants who receive waivers to serve half-time must fulfill the remainder of their service obligation serving half-time. **Participants will not be allowed to switch back to full-time service once they have been authorized for half-time service.**

Requirements for Full-Time or Half-Time Clinical Practice

- (1) **Full-Time Clinical Practice.** For the purposes of the NHSC, is defined as a minimum of 40 hours/week, for a minimum of 45 weeks each service year. The 40 hours/week may be compressed into no less than 4 days/week, with no more than 12 hours of work to be performed in any 24-hour period. Of the 40 hours/week, a minimum of 32 hours must be spent providing patient care. Participants do not receive service credit for hours worked over the required 40 hours/week and excess hours cannot be applied to any other work week. Also, time spent "on call" will not be counted towards the service obligation, except to the extent the provider is providing patient care during that period. Additional rules apply

based on discipline and practice location. For these rules, see the [“Full-Time Clinical Practice Requirements, by Discipline”](#) section.

- (2) **Half-Time Clinical Practice.** For the purposes of the NHSC, is defined as 20-39 hours/week, for a minimum of 45 weeks each service year. The minimum 20 hours/week may be compressed into no less than 2 days/week, with no more than 12 hours of work to be performed in any 24-hour period. Of the minimum 20 hours/week, a minimum of 16 hours must be spent providing patient care. Participants do not receive service credit for hours worked over the required 20 hours/week and excess hours cannot be applied to any other work week. Also, time spent “on call” will not be counted towards the service obligation, except to the extent the provider is providing patient care during that period. Additional rules apply based on discipline and practice location. For these rules, see the [“Half-Time Clinical Practice Requirements, by Discipline”](#) section.

The following definitions apply to both full-time and half-time clinical practice:

Clinical-related administrative, management or other activities may include charting, care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure and other non- SUD treatment related activities pertaining to the participant’s approved NHSC practice. Any time spent in a management role is also considered to be an administrative activity. The duties of a medical director are also considered primarily administrative, and NHSC Rural Community LRP applicants serving in such a capacity should keep in mind that they cannot count more than 8 hours/week of administrative and/or management time (4 hours in the case of half-time participants) toward the total required 40 hours/week (or 20-39 hours in the case of half-time participants).

Teaching activities, to qualify as clinical practice, require NHSC Rural Community LRP participants to provide clinical education to students and residents in their area of expertise. All teaching must be conducted as directed by the NHSC-approved service site(s), subject to the NHSC limits on the number of hours per week allowed for teaching (see Full-Time or Half-Time Clinical Practice Requirements section, as applicable). The clinical education may:

- (1) Be conducted as part of an accredited clinical training program;
- (2) Include the clinical supervision of a student/resident that is required in order for that student/resident to receive a license under state law; or
- (3) Include mentoring that is conducted as part of the Health Careers Opportunity Program (HCOP), or the Centers of Excellence Program (COE).

Clinical service provided by NHSC participants while a student/resident observes, should be counted as patient care, not teaching, as the NHSC Rural Community LRP participant is treating the patient.

NHSC Rural Community LRP participants who enlist in any of the Armed Forces and incur an active duty military obligation before completing their NHSC obligation are subject to the default provision of their NHSC Rural Community LRP contract.

Rural NHSC-approved SUD Treatment Facilities Information

NHSC Rural Community LRP applicants must be currently employed or have accepted a position at a rural NHSC-approved SUD treatment facility, which is defined in the “Definitions” section below.

A rural NHSC-approved SUD treatment facility is located in a Rural-Urban Commuting Area (RUCA) Census Tract and operates as a health care facility providing comprehensive outpatient services to populations residing in HPSAs and has been determined to meet the NHSC-approved SUD treatment facility eligibility requirements and qualifications. To determine if an applicant’s site is considered “rural” for purposes of the NHSC Rural Communities LRP, use this HRSA Data Warehouse tool: [the Rural Health Grants Eligibility Analyzer](#). To be an NHSC-approved SUD treatment facility, the site must have demonstrated that they meet the requirements set forth in the [NHSC Site Agreement](#) and [NHSC Site Reference Guide](#), including submission of [SUD-related documentation](#).

Eligible Rural NHSC-Approved SUD Treatment Facility Types
<ul style="list-style-type: none">• SAMHSA-certified outpatient treatment programs (OTPs)• Office-based opioid treatment facilities (OBOTs)• Non-opioid SUD treatment facilities• Federally Qualified Health Care Centers (FQHCs)• Rural health clinics (RHCs)• American Indian Health facilities, including IHS Hospitals and Facilities (see Site Reference Guide for further site types)• FQHC look-alikes• State or federal correctional sites• Critical Access Hospitals• Community Health Centers• State or local health departments• Community outpatient sites• Private practices• School-based clinics• Mobile units and free clinics

NHSC-approved SUD treatment facilities are only eligible for funds appropriated in Title II of the Consolidated Appropriations Act, 2018 (P.L. 115-141), and Title II of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245). Funding is not guaranteed beyond FY 2019.

To qualify for the NHSC Rural Community LRP, applicants must either: 1) be working at a rural NHSC-approved SUD treatment facility or 2) have accepted an offer of employment at a rural NHSC-approved SUD treatment facility that will allow the applicant to meet the NHSC clinical practice

requirements on or before July 18, 2019. If the applicant's site has not yet been approved, the applicant is not eligible to apply for an NHSC Rural Community LRP award. If the applicant intends to remain at the site at which he/she currently works, and it is not an NHSC-approved rural NHSC-approved SUD treatment facility, he/she will not be eligible to participate in the NHSC Rural Community LRP. The NHSC will accept applications for new NHSC SUD treatment facilities in spring 2019.

Applicants who work at more than one site (e.g., several satellite clinics) must include all service locations in their application by selecting from the drop-down menu and initiating an electronic Employment Verification (EV) for each site. Selecting a site where the applicant is not providing patient care will disqualify their application.

Please be advised that some organizations that operate rural NHSC-approved SUD treatment facilities may also operate other ineligible SUD treatment facilities in close proximity to the rural NHSC-approved SUD treatment facility. Such facilities may even share similar names and addresses as the rural NHSC-approved SUD treatment facility, but are not NHSC-approved. Therefore, NHSC Rural Community LRP applicants must pay very close attention to both the name and address of the NHSC-approved site location(s) selected in their application. Also, if an applicant receives an email in the later stages of the application process, confirming the applicant's continued interest in an LRP award (i.e., a Confirmation of Interest), the applicant must verify that the name and address of the NHSC-approved site listed in the confirmation of interest is correct. Applicant and/or site Point of Contact mistakes made during the application process will not supply grounds for voiding an NHSC contract following the termination deadline of an applicant's NHSC Rural Community LRP contract.

Ineligible Rural SUD Treatment Facilities

The following sites are not eligible rural NHSC-approved SUD treatment facilities, even if they are located in a HPSA or rural area:

- county/local prisons;
- inpatient hospitals (except for CAHs or IHS Hospitals), and other inpatient sites;
- clinics that limit care to veterans and active duty military personnel (e.g., VA Medical Centers and clinics, military bases, and civilian health care providers in the Tricare network);
- residential SUD treatment facilities are not eligible rural NHSC-approved SUD treatment facilities. Thus, clinicians whose employment is fully in a residential setting are not eligible for an NHSC Rural Community LRP award.

NOTE: Existing NHSC-approved sites that are not approved as rural NHSC-approved SUD treatment facilities are not eligible.

Site Point of Contact (POC) Roles and Responsibilities

For the NHSC Rural Community LRP, the site point of contact (POC) is the on-site official who has agreed to and is qualified to perform the applicant's EV, as well as the participant's In-Service Verifications (ISV) – including verification that the participant is meeting their service obligations –

throughout the obligated service period, for additional information (see the [“Service Verification”](#) section). Once initiated by the applicant, the POC must complete the online EV in order for the application to be completed and ultimately submitted by the applicant, prior to the application cycle deadline. The applicant should initiate regular communication and follow up with the POC to ensure that EVs and ISVs are accurately completed and in a timely manner.

The POC will receive periodic reminders to complete the EV; however, it is the applicant’s responsibility to ensure that the EV is complete and accurate, within a timeframe that will allow him/her to submit the NHSC application by the application deadline. The applicant will receive notification that the POC has completed the EV and should work to complete and submit the application, as soon as possible. The applicant must contact the POC to resolve any concerns regarding the responses provided on the EV.

Applicants will have the ability to edit their application and initiate a new EV if necessary (e.g., the site mistakenly stated that the applicant was not employed at the site or that the start work date is later than July 18, 2019). However, the site must complete the corrected EV before the applicant can resubmit the application, which must be done before the application deadline. The resubmitted application with corrected EV must be received by the July 18, 2019 deadline or the applicant will be ineligible for an award. Errors made by applicants and/or site points of contact during the application process cannot be corrected after the application deadline. However, if an error is identified after the application deadline, but before the expiration of the applicant’s 60-day contract termination window, the applicant may, as applicable, either withdraw the application, or terminate the NHSC contract prior to the 60-day contract termination deadline, assuming all contract termination requirements are satisfied (see “Contract Termination” section above). Errors that are not corrected or addressed prior to a participant’s contract termination deadline, and that result in noncompliance with the terms of an NHSC contract, may result in the participant being placed into default for breach of the participant’s NHSC contract.

Site Contract vs. NHSC Contract

It is important to remember that the participant’s service contract with the NHSC Rural Community LRP is separate and independent from an employment contract with the service site. Employment contract negotiations are solely the responsibility of the clinician and are /between the clinician and the service site. The NHSC strongly discourages service sites from considering the loan repayment funds as income to the clinician when negotiating the clinician’s salary.

Please note that the NHSC requires a participant to work a specified minimum number of hours per week (see the [“Service Requirements”](#) section). If the participant’s employment contract stipulates fewer hours (and their salary is based on those hours), the participant is still required to meet the NHSC service obligation requirements, and the participant’s site administrator must verify the participant’s total work hours and NHSC full-time or half-time work status (see the [“Service Verification”](#) section) every six months during their period of obligated service.

Full-Time Clinical Practice Requirements, by Discipline

Please note these rules apply to the “full-time clinical practice” definitions below:

- Of the overall minimum 40 hours/week, clinical-related administrative activities shall not exceed a total of 8 hours per week. For more information, please see the definition for Clinical-Related Administrative, Management or Other Activities in the “[Definitions](#)” section.
- Of the minimum number of hours/week allotted for patient care as noted for each category of providers below, teaching shall not exceed a total of 8 hours/week. If the teaching takes place in a HRSA-funded Teaching Health Center (see the “[Definitions](#)” section), teaching activities shall not exceed 20 hours/week.

Medical Providers

- a. **For providers of primary medical care services, excluding obstetrics/gynecology and geriatrics:** Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing patient care at the approved site(s). Of the minimum 32 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 8 hours/week may be spent providing patient care for patients at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).
- If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours/week must be spent providing patient care at the approved site(s), 8 hours/week of which may be spent providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities. Clinical-related administrative time is limited to 8 hours/week.
 - If working in a CMS-approved CAH or IHS Hospital, at least 16 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 16 hours/week spent providing patient care, no more than 8 hours/ week may be spent in a teaching capacity. The remaining 24 hours/week may be spent providing patient care at CAH/IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities. Clinical-related administrative time is limited to 8 hours/week.
 - **Note:** When serving at a CAH or IHS Hospital, all applicants must include the hospital-affiliated outpatient clinic in their application. This allows the NHSC to verify that all service requirements are met at the time of application submission.
- b. **For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse-midwives) or geriatric services:** Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 21 hours/week are spent providing patient care at the approved service site(s). Of the minimum 21 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 19 hours/week may be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week)

- If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).
- If working in a CMS-approved CAH or IHS Hospital, at least 16 hours/week must be spent providing patient care in the hospital affiliated outpatient clinic. Of the minimum 16 hours spent providing patient care, no more than 8 hours/week may be spent in a teaching capacity. The remaining 24 hours/week are spent providing patient care at the CAH/IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 8 hours/week).
- **Note:** When serving at a CAH or IHS Hospital all applicants must include the hospital-affiliated outpatient clinic in their application. This allows the NHSC to verify that all service requirements are met at the time of application submission.

c. **For purposes of the NHSC Rural Community LRP, Certified Nurse Anesthetists working at CMS-approved CAH or IHS facilities may provide patient care at the CAH or IHS facility without an affiliated outpatient clinic at the discretion of the NHSC-approved site.**

Behavioral/Mental Health Providers:

NOTE: Please read the following section carefully, as the requirements for behavioral/mental health providers have changed.

Clinician must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week must be spent providing patient care at the approved service site(s). Of the minimum 32 hours spent providing patient care, no more than 8 hours/week may be spent in a teaching capacity. The remaining 8 hours/week must be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

- If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).
- If working in a CMS-approved CAH or an IHS Hospital (***only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health***), at least 16 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 16 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 24 hours/week must be spent providing patient care at the CAH/IHS Hospital or the hospital-affiliated outpatient

clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical related administrative activities (limited to 8 hours/week).

NOTE: When serving at a CAH or IHS Hospital all applicants must include the hospital- affiliated outpatient clinic in their application. This allows the NHSC to verify that all service requirements are met at the time of application submission.

Half-Time Clinical Practice Requirements by Discipline

Please note these rules apply to the “half-time clinical practice” definitions below:

- Of the overall minimum 20 hours/week, clinical-related administrative activities shall not exceed a total of 4 hours per week. For more information, please see Clinical-Related Administrative, Management or Other Activities in “[Definitions](#)” section
- Of the minimum number of hours/week allotted for patient care as noted for each category of providers below, teaching shall not exceed a total of 4 hours/week.

Medical Providers

- a. **For providers of primary medical care services, excluding obstetrics/gynecology and geriatrics:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week must be spent providing patient care at the approved service site(s). Of the minimum 16 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 4 hours/week must be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).
 - If working in a CMS-approved CAH or an IHS Hospital, at least 8 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 12 hours/week must be spent providing patient care at the CAH/IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week).

NOTE: When serving at a CAH or IHS Hospital all applicants must include the hospital- affiliated outpatient clinic in their application. This allows the NHSC to verify that all service requirements are met at the time of application submission.

- b. **For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse-midwives) or geriatric services:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 11 hours/week must be spent providing patient care at the approved service site(s). Of the minimum 11 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 9

hours/week must be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

- If working in a CMS-approved CAH or an IHS Hospital, at least 8 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 12 hours/week must be spent providing patient care at the CAH/IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week).

NOTE: When serving at a CAH or IHS Hospital all applicants must include the hospital-affiliated outpatient clinic in their application. This allows the NHSC to verify that all service requirements are met at the time of application submission.

Behavioral/Mental Health Providers:

- a. Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week must be spent providing patient care at the approved service site(s). Of the minimum 16 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 4 hours/week must be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).
 - If working in a CMS-approved CAH or an IHS Hospital (***only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health***), at least 8 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 12 hours/week must be spent providing patient care at the CAH/IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week).

Note: When serving at a CAH or IHS hospital all applicants must include the hospital-affiliated outpatient clinic in their application. This allows the NHSC to verify that all service requirements are met at the time of application submission.

Requirements for School-Based Clinics

For providers working at an NHSC-approved school-based clinic, the NHSC requires that the school-based clinic be open year-round with sufficient patient visits to meet the clinical service requirements, or the provider will be required to work at additional NHSC SUD treatment facility to meet the clinical practice requirements. Participants at school-based clinics who either fail to

provide required documentation that they are meeting NHSC practice requirements at the school-based clinic year around or who fail to obtain additional employment necessary to maintain compliance with NHSC clinical practice requirements may be placed in default of the NHSC Rural Community LRP service obligation.

Telehealth Policies

NHSC participants must comply with all applicable telemedicine policies of their site, as well as, all applicable federal and state rules and policies regarding telemedicine services related to medication-assisted treatment.

NHSC participants who are performing telehealth are encouraged to utilize HRSA's [Telehealth Resource Centers \(TRCs\)](#). These centers provide free telehealth technical assistance and training for providers using telehealth.

HRSA and the NHSC are committed to expanding and improving access to quality opioid use disorder (OUD) and other SUD treatment in rural and underserved areas across the country, including through the use of telehealth. NHSC Rural Community LRP applicants are encouraged to read a related September 2018 HHS policy statement, "[Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder.](#)"

The NHSC will consider telehealth as patient care when both the **originating site** (location of the patient) and the **distant site** (location of the NHSC clinician) are located in a HPSA and are rural NHSC-approved SUD treatment facilities.

PROGRAM COMPLIANCE

Worksite Absences

Please note that the information provided below pertains to compliance with the NHSC Rural Community LRP service obligation and is not a guarantee that a service site will allow any particular amount of leave.

- (1) Full-time participants are allowed to spend no more than 7 weeks (approximately 35 full-time workdays) per service year away from the NHSC-approved site for vacation, holidays, continuing professional education, illness, or any other reason.
- (2) Half-time participants are allowed to spend no more than 7 weeks (approximately 35 half-time workdays) per service year away from the NHSC-approved site for vacation, holidays, continuing professional education, illness, or any other reason.

If a participant works more than the minimum number of hours per week (40 for full-time participants, 20 for half-time participants), the only time spent away from the site that will need to be reported (see the "[Service Verification](#)" section below) and deducted from the allowed absences per service year (as set forth above) are the hours of absence that cause a participant's work hours to fall below the NHSC's required minimum number of hours per week. For example, a half-time participant who works 32 hours a week would not need to report 12 hours of sick leave because the participant has still met the NHSC's minimum service requirement of 20 hours a week.

Absences over 35 workdays will result in the extension of the participant's service obligation. Participants who have a medical or personal emergency that will result in an extended period of absence will need to request a suspension of the NHSC service obligation and provide supporting documentation. The NHSC cannot guarantee that a suspension request will be approved. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. See the "[Suspensions and Waivers](#)" section.

NOTE: Absences above the 35 allotted workdays without a documented medical or personal reason will extend the participant's completion date. If a participant's completion date is extended, any additional absences during the period of extension will result in further extension of the participant's completion date.

Service Verification

Every NHSC Rural Community LRP participant who has completed their training and is practicing at an NHSC-approved site must submit service verification documentation for each six months of service. The ISV form is available through the [BHW Customer Service Portal](#) and must be completed and electronically signed by the participant. Once completed by the participant, it will be forwarded to an appropriate official at the participant's NHSC-approved site for electronic verification. By signing, the appropriate site official will be certifying the participant's compliance or noncompliance with the applicable clinical practice requirement during the prior six-month period. The ISV will also record the time spent away from the service site (e.g., the total number of days during the six-month period that the participant fell below the minimum service requirement).

Participants who fail to complete and submit their ISV on time may jeopardize receiving service credit and may also be recommended for default. While the NHSC will take steps to alert both the participant and the site to the due date for an ISV submission, it is the participant's responsibility to ensure that their NHSC-approved site completes the verification in a timely manner.

Absences over 35 workdays will result in the extension of the participant's service obligation. If the absences are caused by a medical or personal emergency that will result in an extended period of absence, a participant **will need to request a suspension** of the NHSC service obligation and provide supporting documentation. The NHSC cannot guarantee that a suspension request will be approved. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. See the "[Suspensions and Waivers](#)" section. Note that absences above the 35 allotted workdays without a documented medical or personal reason will extend the participant's period of obligated service.

Transfer Requests to Another Rural NHSC-Approved SUD Treatment Facility

NHSC Rural Community LRP participants will only be allowed to transfer to other rural NHSC-approved SUD treatment facilities. If a NHSC Rural Community LRP participant would like to transfer to another rural NHSC-approved SUD treatment facility, the participant must submit a transfer request through the [BHW Customer Service Portal](#). Approval of all transfer requests are at the NHSC's discretion, and may depend on the circumstances of the participant's resignation or termination from the current service site. The site change must be approved and processed by the NHSC prior to the participant

beginning to receive service credit for employment at the new site. If a participant begins employment at a site prior to NHSC approval, he/she will not receive service credit for the time period between their last day providing patient care at the initial service site and resumption of service at the transfer site following NHSC approval. If the proposed transfer site is disapproved by the NHSC and the participant refuses assignment to another rural NHSC-approved treatment facility, he/she may be placed in default.

Unemployment

The NHSC recognizes that circumstances may arise whereby a participant feels that he/she can no longer continue serving at their assigned service site. In some of these situations, the participant may be eligible to transfer to another rural NHSC-approved SUD treatment facility to continue service in accordance with the requirements specified in their service contract. In order to request a transfer, NHSC Rural Community LRP participant should follow the transfer instructions provided in section labeled, "Transfer Requests to Another rural NHSC-Approved SUD Treatment Facility."

Participants who resign, or are terminated, by their NHSC-approved site(s), must contact the NHSC immediately through the [BHW Customer Service Portal](#). If the NHSC deems the participant eligible for a transfer, the NHSC will provide the participant a specific time frame in which to obtain and accept an employment offer at a rural NHSC-approved SUD treatment facility identified by the NHSC or at another suitable rural NHSC-approved SUD treatment facility identified by the participant. Although the NHSC may assist unemployed participants with identifying suitable positions at a rural NHSC-approved SUD treatment facility (referred to as "site assistance"), it is the participant's responsibility to obtain suitable employment at a rural NHSC-approved SUD treatment facility. Please note that the NHSC Rural Community LRP contract is not limited to service in a particular geographic area, and there may not be transfer opportunities in the participant's preferred area. Unemployed participants may be expected to relocate in order to fulfill their NHSC Rural Community LRP obligation.

NOTE: Participants who voluntarily resign from their site(s) without prior approval from the NHSC, are terminated by their site(s) "for cause," or are deemed ineligible for site assistance, may not receive a transfer to another site, and may be placed in default.

Unapproved Satellite Clinic Work

If a site asks a participant to work at a clinic that is not listed as a NHSC-approved site on the [Health Workforce Connector](#) and is not an approved alternative setting, the participant should **immediately** notify the NHSC through the [BHW Customer Service Portal](#). Time spent at unapproved clinics will **not** count towards the participant's service obligation.

Breaching the NHSC Contract

Participants should immediately contact the NHSC through the [BHW Customer Service Portal](#) if a situation arises that may result in the participant being unable to begin or complete their NHSC Rural Community LRP service obligation. While the NHSC will, to the extent possible, work with participants to assist them in fulfilling the service obligation, participants are reminded that the failure to complete service for any reason is a breach of the NHSC Rural Community LRP contract. Participants should

understand the following monetary damages that are required by federal law when an NHSC Rural Community LRP contract is breached.

A participant who breaches a commitment to serve in a **full-time** clinical practice will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service *not* completed;
- (2) \$7,500 multiplied by the number of months of obligated service *not* completed; AND
- (3) Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

See Section 338E(c)(1) of the Public Health Service Act (42 U.S.C. 254o(c)(1)), as amended.

A participant who breaches a commitment to serve in a **half-time** clinical practice will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service *not* completed;
- (2) \$3,750 multiplied by the number of months of obligated service *not* completed; AND
- (3) Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

See Sections 331(i)(2)(F) and 338E(c)(1) of the Public Health Service Act (42 U.S.C. 254d(i)(2)(F) and 254o(c)(1)).

Note: The minimum amount the United States is entitled to recover from a participant who breaches a commitment to serve full-time or half-time *will not be less than \$31,000*.

Any participant who breaches the NHSC Rural Community LRP contract, and who is placed into default status, will receive a default notice from the Program Support Center's Debt Collection Center that specifies the amount the United States is entitled to recover, in accordance with Public Health Service Act, sections 331(i)(2)(F); 338E(c)(1). The debt will be due to be paid within one year from the date of the default notice. Failure to pay the debt by the due date has the following consequences:

- (1) **The debt may be reported as delinquent to credit reporting agencies.** During the one-year repayment period, the debt will be reported to credit reporting agencies as "current." If the debt becomes past due (i.e., remains unpaid at the end of the one-year repayment period), it will be reported as "delinquent."
- (2) **The debt may be referred to a debt collection agency and the Department of Justice.** Any NHSC Rural Community LRP debt past due for 45 days may be referred to a debt collection agency. If the debt collection agency is unsuccessful in collecting payment, the debt will be referred to the Department of Justice for filing of a lawsuit against the defaulter.

- (3) **Administrative Offset.** Federal or state payments due to the participant (e.g., an IRS or state income tax refund) may be offset by the Department of Treasury to pay a delinquent NHSC Rural Community LRP debt. Also, defaulters who are federal employees may have up to 15% of their take-home pay garnished to pay a delinquent NHSC Rural Community LRP debt.
- (4) **Licensure Sanctions.** In some states, health professions licensing or certification boards may impose sanctions, including suspension or revocation of a defaulter's professional license or certification, if the defaulter fails to satisfactorily address repayment of their NHSC Rural Community LRP debt.

Bankruptcy

The participant should also be aware that it is not easy to discharge an NHSC Rural Community LRP debt by filing for bankruptcy. A financial obligation under the NHSC Rural Community LRP is not dischargeable in bankruptcy for seven years after the debt becomes due (i.e., for 7 years from the end of the one-year repayment period). After the 7-year period of absolute non-discharge expires, the debt may be discharged in bankruptcy only if a bankruptcy court determines that it would be unconscionable not to discharge the debt.

Sample Default Scenarios

Scenario 1: Dr. Jane Smith entered into a three-year NHSC Rural Community LRP full-time service contract effective January 14, 2019. Her service end date is January 13, 2022. She received \$100,000 in LRP financial support to apply toward her qualifying educational loans. She was terminated for cause by her service site at the end of her workday on March 31, 2020. The NHSC determines that she defaulted on her LRP contract on April 1, 2020, and served 443 days of her three-year (1,096-day) service obligation.

Dr. Smith is liable to the United States for approximately: (1) \$60,000 for the loan repayments received for obligated service not completed ($653/1096 \times \$100,000$) and (2) \$165,000 for the months of service not completed ($\$7,500 \times 22$). Her total LRP debt of \$225,000 will begin accruing interest at the maximum legal prevailing rate as of her default date (April 1, 2020), and is due to be paid in full within one year from the date of the default notification.

Scenario 2: Dr. Jane Smith entered into a three-year NHSC Rural Community LRP half-time service contract effective January 15, 2019. Her service end date is January 14, 2022. She received \$50,000 in LRP financial support to apply toward her qualifying educational loans. She resigned from her service site at the end of her workday on September 30, 2021 because she found a higher paying job at a clinic that is not located in a HPSA. The NHSC determines that she defaulted on her LRP contract on October 1, 2021, and served 990 days of her three-year (1,096-day) service obligation.

Dr. Smith is liable to the United States for approximately: (1) \$4,800 for the loan repayments received for obligated service not completed ($105/1096 \times \$50,000$), and (2) \$15,000 for the amount owed for the months of service she did not complete ($\$50,000 \times 4$). Although Dr. Smith's debt from (1) and (2) equals, \$19,800, her total LRP debt is \$31,000 per the NHSC LRP statute, which establishes a minimum

damages amount of \$31,000 for breach of contract damages. The debt is also due to be paid in full within one year from the date of the default notice.

Maternity/Paternity/Adoption Leave

Maternity/paternity/adoption leave of 12 weeks or fewer will be automatically approved by the NHSC, if documented in the [BHW Customer Service Portal](#). If participants plan to be away from their rural NHSC-approved SUD treatment facility for maternity/paternity/adoption leave, they are required to inform the NHSC before taking the leave. The NHSC will allow participants to be away from their site within the timeframes established by either the Family Medical Leave Act (up to 12 weeks) or the participant's state of residence; however, the participant must also adhere to the leave policies of their rural NHSC-approved SUD treatment facility service site. If participants plan to take additional leave, they are required to request a medical suspension (see the "[Suspensions and Waivers](#)" section below), which may or may not be approved by the NHSC. Requests should be submitted through the [BHW Customer Service Portal](#). Remember that a participant is required to serve a minimum of 45 weeks per service year and is allowed to be away from the rural NHSC-approved SUD treatment facility service site for no more than 35 workdays per service year; therefore, a participant's obligation end date will be extended for each day of absence over the allowable 35 workdays.

Suspensions and Waivers

The NHSC requires participants to fulfill their service obligation without excessive absences or significant interruptions in service. Participants are allowed approximately 7 weeks of leave per service year; however, circumstances might occur that will prevent a participant from staying within this timeframe. In these cases, the Secretary of HHS may, under certain circumstances, suspend (i.e., put "on hold") the NHSC Rural Community LRP service obligation. In addition, the Secretary of HHS may waive (i.e., excuse) the NHSC Rural Community LRP service or payment obligation.

- (1) **Suspension.** A suspension of the NHSC Rural Community LRP commitment may be granted if compliance with the commitment by the participant: (i) is temporarily impossible, or (ii) would involve a temporary extreme hardship such that enforcement of the commitment would be unconscionable. Periods of approved suspension of service will extend the participant's service obligation end date. The major categories of suspension are set forth below. Suspension requests are submitted through the [BHW Customer Service Portal](#).
 - a. **Leave of Absence for Medical or Personal Reasons.** A suspension may be granted for up to one year, if the participant provides independent medical documentation of a physical or mental health disability, or personal circumstances, including a terminal illness of an immediate family member (e.g. – child or spouse), which results in the participant's temporary inability to perform the NHSC service obligation.
 - b. **Maternity/Paternity/Adoption Leave.** If the participant's maternity/paternity/adoption leave will exceed 12 weeks (or a longer period as permitted under state law where the participant resides) during a service year, a suspension may be granted by the NHSC based on documented medical need.
 - c. **Call to Active Duty in the Armed Forces.** Participants who are military reservists and are called to active duty must submit a request for an NHSC service suspension through the [BHW Customer Service Portal](#). The period of active military duty will not be credited

towards the NHSC service obligation. Suspensions for active duty military assignment are granted for up to one year, beginning on the activation date described in the reservist's call to active duty order. A copy of the order to active duty must be provided to the NHSC with the request for a suspension. In the event that the NHSC participant's period of activity duty with the Armed Forces entity is extended beyond the approved suspension period, the participant must contact the NHSC through the [BHW Customer Service Portal](#) for guidance on how to request an extension of the suspension period.

(2) **Waiver.** A waiver permanently relieves the participant of all or part of the NHSC Rural Community LRP commitment. A waiver may be granted only if the participant demonstrates that compliance with their commitment is permanently impossible or would involve an extreme hardship such that enforcement of the commitment would be unconscionable. A waiver request must be submitted by uploading a signed request letter, including the reason(s) the waiver is being sought, as an inquiry through the [BHW Customer Service Portal](#). The participant will be contacted by HRSA regarding the medical and financial documentation necessary to complete the waiver request. All documents can be submitted through the [BHW Customer Service Portal](#). Note that waivers are not routinely granted, and require documentation of compelling circumstances.

Cancellation of NHSC Obligation

The NHSC obligation will be cancelled in its entirety in the event of a participant's death. No liability will be transferred to the participant's heirs.

Application Information

APPLICATION DEADLINE

A complete online application must be submitted via the [BHW Customer Service Portal](#) by 7:30 p.m. ET on July 18, 2019. All supporting documentation for the application must be uploaded before an individual can submit a complete application package. Applicants must upload all documents; the NHSC will not accept documentation by fax or mail. The electronic Employment Verification (EV) (see below) must also be completed before an applicant can submit their application.

Applicants should print and keep a copy of the completed application package for their records. Applicants are responsible for submitting a complete and accurate online application, including ALL required documentation in a legible format. **If during the initial review of the application, the NHSC discovers that documentation is missing, or not legible, the application may be deemed “incomplete” and rejected. If the answers provided in the online application do not match the supporting/ supplemental documents, or if the documentation provided does not accurately verify the answers provided, the application will be rejected.**

COMPLETING AN APPLICATION

A complete NHSC Rural Community LRP Online Application consists of:

1. Online Application;
2. Required Supporting Documentation; and
3. Additional Supplemental Documentation (if applicable).

It is required that the information in the online application match the submitted supporting documentation. Application packages will be initially reviewed to determine their completeness. Application packages deemed incomplete (e.g., missing, illegible, or incomplete application materials) as of the application deadline will not be considered for funding.

The NHSC Rural Community LRP will not accept requests to update a submitted application or permit the submission/ resubmission of incomplete, rejected, or otherwise delayed application materials after the deadline. In addition, NHSC Rural Community LRP staff will not fill in any missing information or contact applicants regarding missing information.

On average, it takes approximately three weeks to complete an application accompanied with all required and supplemental documentation.

Online Application

Applicants are required to complete each of the sections below to be able to submit an online application.

1. **Eligibility.** If an individual does not pass the initial screening portion of the online application, he/she will not be able to continue with the application. Please refer to the “Eligibility Requirements” section.
2. **General Information.** Answers to this section pertain to the applicant’s name, social security number, mailing and email addresses, and other contact information. Answers also pertain to individual and family background.
3. **Discipline, Training and Certification.** Answers to this section pertain to the applicant’s education, training, and licensure/certification.
4. **Employment.** In this section, applicants will search for and select the NHSC-approved site(s) where they are providing or will provide patient care. If any of the service sites are not listed in the search results, applicants are required to select the option below the search tool, which states to “Click this box if your site is not listed in the search results.” If selected, the applicant is provided instructions on how to resolve the site concern. The NHSC is no longer accepting Site Applications for the FY 2019 cycle. If any of the sites where the applicant provides patient care are not currently an NHSC-approved site, the provider is not eligible to apply. Applicants who work at more than one site (e.g., several satellite clinics) must include all service locations in their application by selecting from the drop-down menu and initiating an electronic EV for each site. Selecting a site where the applicant is not providing patient care will disqualify their application.
5. **Employment Verification.** Once an applicant selects the NHSC-approved site(s) at which he/she is or will be working, the applicant will need to initiate an electronic EV. Once initiated, the designated point(s) of contact at the NHSC-approved service site will be notified electronically through the [BHW Customer Service Portal](#) that an EV has been requested by the applicant. Once completed by the site(s) point(s) of contact, the applicant will be notified. The site must complete the electronic EV before an applicant will be allowed to submit the application. If an EV is not submitted by every site identified by the applicant, the application cannot be submitted. It is the applicant’s responsibility to ensure that the EV is completed by the site point of contact. The NHSC will make no exceptions. Note: When serving at a CAH or IHS Hospital all applicants must include the hospital- affiliated outpatient clinic in their application. This allows the NHSC to verify that all service requirements are met at the time of submission.

The POC will receive periodic reminders to complete the EV; however, it is the applicant’s responsibility to ensure that the EV is complete and accurate, within a timeframe that will allow him/her to submit the NHSC application by the application deadline. The applicant will receive notification that the POC has completed the EV and should work to complete and submit the application, as soon as possible. The applicant must contact the POC to resolve any concerns regarding the responses provided on the EV.

Applicants will have the ability to edit their application and initiate a new EV if necessary (e.g., the site mistakenly stated that the applicant was not employed at the site or that the start work date is later than July 18, 2019). However, the site must complete the corrected EV before the applicant can resubmit the application, which must be done before the application deadline. The resubmitted application with corrected EV must be received by the July 18, 2019 deadline or the applicant will be ineligible for an award. Errors made by applicants and/or site points of

contact cannot be corrected after the application deadline. If information on the EV (such as licensure or employment address) is identified as inaccurate after the applicant has been awarded (i.e. their NHSC contract has been countersigned by the Secretary's designee) and deems the recently awarded participant out of compliance with program requirements, it will be the participant's responsibility to terminate their contract within 60 days of its execution or return to compliance with their NHSC contract to successfully complete their service obligation.

6. **Loan Information.** Answers in this section pertain to each qualifying educational loan for which an applicant is seeking repayment. All loans submitted will be verified to determine whether they are eligible for repayment under the NHSC Rural Community LRP through a review of the supporting documents, by contacting lenders/holders, and by checking the applicant's credit report. Applicants are strongly encouraged to view the link provided in the application for detailed instructions on the types of documents that need to be provided to help the NHSC verify loan information. The following information must be entered about each of the loans applicants wish to submit for repayment, and the Required Supporting Documentation (see below) must be uploaded separately:
- a. Name and contact information for the lender/holder.
 - b. Loan account number.
 - c. Original amount disbursed.
 - d. Original date of the loan.
 - e. Current outstanding balance (no more than 30 days from the date of the LRP application submission).
 - f. Current interest rate.
 - g. Type of loan. If a consolidated loan, additional questions will be asked:
 - i. Original date of consolidation.
 - ii. Original balance of consolidation.
 - iii. Account number.
 - h. Purpose of loan.

Required Supporting Documentation

It is the applicant's responsibility to provide/upload supporting documentation into the online application. All information in the supporting documentation must match answers provided in the online application or the application will be deemed ineligible. An application will not be considered complete and an applicant may not submit an application, unless it contains each of the following required supporting documents:

1. **Proof of Status as a U.S. Citizen or U.S. National.** This document may include a copy of a birth certificate, the ID page of a current U.S. passport, or a certificate of citizenship or naturalization. Copies of a driver's license or a Social Security card are not acceptable documents.
2. **Loan Information Verification.** Applicants will be required to provide two types of documentation for each loan that is being submitted for consideration: (a) an account statement and (b) a disbursement report.
 - a. **Account Statement.** This document is used to provide current information on their qualifying educational loans. Often borrowers receive monthly statements indicating the status of their loan balance. This document should:

- i. be on official letterhead or other clear verification that it comes from the lender/holder;
 - ii. include the name of the borrower (i.e., the NHSC Rural Community LRP applicant);
 - iii. contain the account number;
 - iv. include the date of the statement (cannot be more than 30 days from the date of LRP application submission);
 - v. include the current outstanding balance (principal and interest) or the current payoff balance; and
 - vi. include the current interest rate.
- b. **Disbursement Report.** This report is used to verify the originating loan information and should:
- i. be on official letterhead or other clear verification that it comes from the lender/holder;
 - ii. include the name of the borrower;
 - iii. contain the account number;
 - iv. include the type of loan;
 - v. include the original loan date (must be prior to the date of the NHSC Rural Community LRP application submission);
 - vi. include the original loan amount; and
 - vii. include the purpose of the loan.

NOTE: For all federal loans, the National Student Loan Data System (NSLDS) Aid Summary Report is used to verify the originating loan information. The applicant will need a Federal Student Aid ID (FSAID) to log in to their secured area—create an FSAID. If the applicant has multiple federal loans, he/she will only need to access one NSLDS Aid Summary Report. The NSLDS report will contain information on all their federal loans.

For all other loans, the disbursement report can be satisfied through various types of documents including a promissory note, a disclosure statement, and letters directly from the lender containing the required information (as indicated in (b) above). The applicant may be able to obtain this disbursement information on their lender’s website; however, all documentation must be on official letterhead from the lender.

Additional Supplemental Documentation (if applicable)

The following additional documents will be required for submission if the applicant’s responses on the online application indicate that they are relevant. Only applicants who have these documents listed on their “Supporting Documents” page of the online application should submit them. These documents will be added to their Supporting Documents list once the online application has been submitted.

1. **Data 2000 Waiver.** A waiver provided under the Control Substance Act (CSA), 21USC section 823 (G)(2), as amended by the Drug Addiction Treatment Facility Act of 2000 (DATA 2000), and the Comprehensive Addiction and Recovery Act of 2016 (CARA), that permits Physicians, Nurse Practitioners and Physician Assistants, who meet certain qualifications to treat Opioid Use

Disorder with schedule III, IV, and V narcotic medications, including buprenorphine, or combinations of such medications, that are approved by the Food and Drug Administration (FDA) in treatment settings other than opioid treatment programs (OTPs).

2. **Substance Use Disorder Certification/ License.** A SUD counselor's license or certification must meet the national standard recognized by the National Board of Certified Counselors (NBCC); National Association for Addiction Professionals (NAADAC); or International Certification & Reciprocity Consortium (IC&RC). SUD treatment providers must be capable of conducting substance use disorder screenings, assessments, and offer counseling and educational services. This counselor develops SUD treatment plans, collaborates with other professionals and makes referrals as needed.
3. **Geriatrics Certification.** If an applicant selects geriatrics as a specialty, he/she will be required to upload a copy of the certificate of completion or diploma from the geriatrics training program where they matriculated.
4. **Verification of Disadvantaged Background.** This document certifies that the applicant comes from a disadvantaged background and either participated in, or would have been eligible to participate in, federal programs such as "Scholarships for Disadvantaged Students" or "Loans to Disadvantaged Students." This document must be completed by a school official.
5. **Verification of Existing Service Obligation.** If the applicant has an existing service obligation, he/she must submit verification from the entity to which the obligation is owed that the existing service obligation will be completed prior to the application deadline (July 18, 2019).
6. **Payment History.** Former NHSC LRP participants must provide verification that all NHSC LRP funds were used to repay the qualifying educational loans that were approved as part of the applicant's most recent NHSC LRP contract. Generally, this information is in the form of a payment history that is provided by the lender servicer for each of the approved loans. The verification document must be uploaded to the application and clearly show that the entire award amount was applied to the approved loans during the most recent NHSC LRP service period. Documentation requirements include the following:
 - a. An official document or printed webpage that includes the lender's name, the account holder's name, the loan account number, and must reflect all payments made during the contract period.
 - b. The payment history must show that all NHSC LRP funds received have been paid toward their qualifying educational loans that were approved by the NHSC with the most recent contract.
 - c. For loans consolidated during the most recent contract period, loan documents, including the lending institution's list of the loans included in the consolidation and their original disbursement dates, are required. If the applicant's loans were consolidated and the NHSC does not receive an itemized loan list, the applicant will not be given credit for payments made toward those loans. If the applicant consolidated their qualifying educational loans with non-qualifying debt, the NHSC cannot give credit for payments made toward the consolidated loans.

NOTE: Cancelled checks and bank statements will not be accepted as proof that loan payments were properly applied.

Application Review and Approval Process

Applicants receive a receipt of submission pop-up immediately upon submitting the online application. Applicants are able to view the overall status of their application, as well as a copy (.pdf) of their submitted application, uploaded supporting documents, and completed EVs by logging into the application account that was set up when the applicant registered to apply. **It is the applicant's responsibility to ensure that the entirety of the application and required supporting documents (including EVs) and applicable supplemental documents are accurately submitted.**

Once the online application has been submitted, applicants will have an opportunity to make edits to their online application, including the ability to upload new documents, cancel and reinitiate employment verifications, change answers to questions and loan data, and withdraw their applications from consideration. Final edits and resubmissions must be made before the close of the application cycle (July 18, 2019).

Each time the application is reopened for editing, or to check specific elements of the application, the applicant must 1) complete the "Self Certifications" section, and 2) click the "Submit" button to resubmit their application, or the application will not be submitted. The NHSC advises that providers submit their complete applications as early in the open application period as possible. Applicants who wait until the end of the application cycle risk submitting incomplete or ineligible applications if errors are found later during the open application cycle. The "edit" option is available in the applicant's account on the "Submitted" page, until the close of the application cycle. The ability to edit and resubmit an application will be disabled after the application deadline. Applications not resubmitted by this deadline will not be considered for an award.

No exceptions will be made in cases where an applicant fails to resubmit an edited application. Applicants may withdraw their application at any time prior to the contract being countersigned by the Secretary of HHS or their designee. To withdraw, applicants must log into their application account, and select the "withdraw" option on the "Submitted" page.

The NHSC will not begin to review applications for funding until the application deadline (July 18, 2019) has passed. See the "[Funding Priorities](#)" section.

If review of the electronic EV indicates that the applicant's position would be identified as a PPO (see "[Practice Types](#)" section), the applicant will electronically certify a PPO Request, as required by law. In addition, the applicant will e-sign the PPO Agreement, also required by law, which sets forth the requirements and limitations for a PPO. If the individual is selected for an award and the NHSC determines that the practice meets PPO requirements, the Secretary or their designee will countersign the PPO Agreement.

All participants must notify the NHSC of changes in personal information. Applicants and participants must provide the NHSC with notification of any changes to their contact information (e.g., name change, email, mailing address, or telephone number) prior to the change occurring, if

possible, or immediately after the change occurs. Applicants can manage their contact information through their online application account on the “Account Settings” page. Once an applicant becomes a participant, he/she will be provided with information for logging into the [BHW Customer Service Portal](#).

The NHSC Rural Community LRP frequently corresponds with applicants by email. It is important that the applicant check their email during the application process for correspondence from the NHSC office and make certain to disable “spam” blockers (or check the spam folder). The NHSC Rural Community LRP will provide email updates, as applicable; however, it is the applicant’s responsibility to ensure the contact information that the NHSC has on file is correct. If updates are necessary, applicants can make changes prior to the close of the application cycle by logging into their application account. When submitted applications are opened for editing during the open application cycle, applicants must complete ALL steps to resubmit their application prior to the close of the application cycle. Applications that remain in the “In Progress” state (not submitted) after the close of the application cycle are not eligible for review or award.

NOTIFICATION OF AWARD

Award finalists are notified by email to log into their application account to confirm their continued interest in receiving an award, and to confirm that the loan and employment information provided to the NHSC on their LRP Application remains valid. Applicants are also asked to confirm that they have read and understand the LRP contract they will be asked to sign if they accept an award. Please note that this Confirmation of Interest is not a guarantee that the individual will receive an award, as awards are subject to the availability of funds.

To confirm interest in receiving an NHSC Rural Community LRP award, an applicant must respond by the deadline provided with the Confirmation of Interest email and verify that:

- They are currently employed by (i.e., are already working at) the NHSC-approved service site(s) they selected when they submitted their application. Applicants who are not employed at the site(s) verified by the NHSC, must check “NO” where asked.
- They are currently meeting and will, to the best of their knowledge, continue to meet the clinical practice requirements for their discipline and specialty, as outlined in this Application and Program Guidance, throughout the period of obligated service.
- The loans approved by the NHSC for repayment are correct.

In addition, applicants are asked to provide their direct deposit banking information for award funds in the event they receive a LRP contract. All finalists must read and electronically sign the contract document. This electronic-signature has the effect of a handwritten signature, and once the LRP contract is countersigned by the Secretary or their designee, the applicant (now a participant) incurs an NHSC service obligation in return for loan repayment.

All participants will receive final notification of an award, including the service obligation dates, no later than September 30, 2019.

Once the fiscal year 2019 NHSC Rural Community LRP contract is countersigned by the Secretary (or designee), the Secretary may terminate the contract only if the participant submits a written termination request and repays any funds that were disbursed under the contract, within sixty (60) days of the execution (and effective) date of the contract (or such other date as is authorized by Congress). See the "[Contract Termination](#)" section. If information on the EV (such as licensure or employment address) is identified as inaccurate after the NHSC contract has been countersigned, and the contract termination window has expired, the awarded participant may be deemed out of compliance with program requirements and could be placed into default for breach of the participant's NHSC contract.

Applicants who no longer wish to receive NHSC Rural Community LRP funding will be asked to log into their Application Portal Account and check the "decline" box on the Confirmation of Interest. Once an applicant declines the offer of award, the award will be offered to another applicant. The applicant's decision to decline the award is final and cannot be changed under any circumstances.

If an applicant does not complete the Confirmation of Interest process by the deadline, his or her application may be withdrawn from consideration and (if interested in participating in the program) he or she will be required to submit a new application during a future application cycle for first-time participants and compete with other providers based on program requirements in effect at that time.

Additional Information

RESOURCES FOR APPLICANTS

[Provider's Clinical Support System for Medication-Assisted Treatment \(PCSS-MAT\)](#) - PCSS-MAT is a national training and clinical mentoring project developed in response to the prescription opioid misuse epidemic and the availability of pharmacotherapies to treat opioid use disorder.

PCSS-MAT trains health professionals to provide effective, evidence-based, medication-assisted treatment to patients with opioid use disorder in primary care, psychiatric care, substance use disorder treatment, and pain management settings.

[Substance Abuse and Mental Health Service Administration \(SAMHSA\)](#) - An agency within the U.S. Department of Health and Human Services, whose primary aim is to improve the behavioral health of the nation while reducing the impact of mental illness and substance abuse in communities.

[Health Workforce Connector \(HWC\)](#)

A searchable database of open job opportunities and information on rural NHSC-approved SUD treatment facilities.

Need Help?

Any individual with questions about NHSC programs may contact the Customer Care Center Monday through Friday (except federal holidays) from 8 a.m. to 8 p.m. ET.

- 1-800-221-9393
- TTY: 1-877-897-9910

[Bureau of Health Workforce \(BHW\) Customer Service Portal](#)

Allows NHSC LRP and NHSC Rural Community LRP awardees and participants to communicate with the NHSC, make service requests (e.g., suspensions, transfers, waivers, etc.), and access the 6-month In-Service Verification forms.

NHSC Social Media

Connect with NHSC via social media sites. (You should send specific questions or issues regarding your service obligation to the [BHW Customer Service Portal](#).)

[NHSC Facebook](#)

[NHSC Twitter](#)

[NHSC LinkedIn](#)

DEFINITIONS

Approved Alternative Setting – Alternative settings include any setting in a HPSA at which the clinician is directed to provide care by the NHSC-approved site (e.g., hospitals, nursing homes, shelters, and other community-based settings). The alternative sites must provide services to a HPSA that is appropriate for the discipline and specialty of the clinician and the services provided. Approved Alternative Settings may be at a lower HPSA score than the HPSA score on the participant’s application. Services at alternative sites must be an extension of the comprehensive primary care provided at the NHSC-approved site.

Bureau of Health Workforce (BHW) – The bureau within the Health Resources and Services Administration (HRSA) that administers the National Health Service Corps (NHSC) and Nurse Corps Scholarship and Loan Repayment Programs, the Faculty Loan Repayment Program (FLRP), Native Hawaiian Health Scholarship Program (NHHSP), and grants for the State Loan Repayment Program (SLRP).

Clinical-related Administrative, Management or Other Activities – May include charting, care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure, and other non-treatment-related activities pertaining to the participant’s approved NHSC practice. Any time spent in a management role is also considered to be an administrative activity. The duties of a medical director are considered primarily administrative, and NHSC Rural Community LRP participants serving in such a capacity should keep in mind that they cannot count more than 8 hours per week of administrative and/or management time if serving full-time (4 hours if serving half-time) toward the total required 40 hours per week (or 20 hours per week in the case of half-time service).

Commercial or Private Student Loans – Also known as college loans, educational loans, or alternative student loans. These are non-government loans made by a private lender specifically for graduate or undergraduate education expenses, such as tuition, room, board, books, and other associated educational costs. These loans are made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions, which are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the state in which the lender has its principal place of business. These are unsecured loans with various options for repayment and may offer forbearance and deferral options. Loans obtained to cover residency and relocation expenses do not qualify for repayment under the NHSC loan repayment programs.

Comprehensive Primary Behavioral/Mental Health Services – Services that include, but are not limited to: screening and assessment, diagnosis, treatment plans, therapeutic services including access to medication prescribing and management, crisis care including 24-hour call access, case management, consultative services, and care coordination. Sites providing such services must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The site must also offer or ensure access to ancillary, inpatient, and specialty referrals.

Critical Access Hospital (CAH) – A facility certified by the Centers for Medicare and Medicaid Services under section 1820 of the Social Security Act. A CAH must be located in a rural area in a state that has a Rural Hospital Flexibility Program, have no more than 25 inpatient beds, an average annual length of stay of 96 hours or less, and be located either more than a 35-mile drive from the nearest hospital or CAH, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads. For more information, please review the [Critical Access Hospital Booklet](#).

DATA 2000 Waiver – A waiver obtained under the Controlled Substances Act (CSA), 21 U.S.C. § 823(g)(2), as amended by the Drug Addiction Treatment Act of 2000 (DATA 2000), and the Comprehensive Addiction and Recovery Act of 2016, that permits physicians, nurse practitioners and physician assistants who meet certain qualifications to treat opioid use disorder with Schedule III, IV, and V narcotic medications, including buprenorphine, or combinations of such medications, that are approved by the Food and Drug Administration (FDA) in treatment settings other than opioid treatment programs (OTPs).

Default of Payment Obligation – Being more than 120 days past due on the payment of a financial obligation.

Default of Service Obligation – Failure for any reason to begin or complete a contractual service obligation.

Family and Family Member – As used in the *Guidance* and for the purposes of the National Health Service Corps, “family member” includes spouses, as well as unmarried partners (both same sex and opposite sex) living in the same household .

Federal Direct Student Loans – A student loan offered by the federal government that has a low-interest rate for students and parents and is used to pay for the costs of education for undergraduate, graduate, and professional students at a college or career school. The lender for the Federal Direct Student Loan is the U.S. Department of Education, rather than an institution, such as a bank.

Federal Judgment Lien – A lien that is placed against an individual’s home or property when a court-ordered judgment is entered against the individual for an unpaid federal debt (e.g., a federal student loan or federally-insured home mortgage). An IRS tax lien that is not created pursuant to a court-ordered judgment is not a federal judgment lien.

Federally-Qualified Health Centers (FQHCs) – FQHCs include: (1) nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service (PHS) Act (i.e., health centers); (2) FQHC “Look-Alikes,” which are nonprofit entities that are certified by the Secretary of HHS as meeting the requirements for receiving a grant under section 330 of the PHS Act but are not grantees; and (3) outpatient health programs or sites operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act.

Fiscal Year (FY) – Defined as October 1 through September 30.

Full-Time Clinical Practice – Working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year, in an NHSC-approved service site. For a more detailed explanation of the full-time clinical practice requirement, see the [“Service Requirements”](#) section.

Government Loans – Loans made by federal, state and county or city agencies authorized by law to make such loans.

Half-Time Clinical Practice – Working a minimum of 20 hours per week in a clinical practice, not to exceed 39 hours per week, for a minimum of 45 weeks per service year, in an NHSC-approved service site. For a more detailed explanation of the half-time clinical practice requirement, see the [“Service Requirements”](#) section.

Health Professional Shortage Area (HPSA) – A geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of HHS to have a shortage of primary health care professionals based on criteria defined in statute or regulation. Information considered when designating a primary care HPSA includes health provider to population ratios, rates of poverty, and access to available primary health services. HPSAs are designated by the Shortage Designation Branch, within HRSA’s Bureau of Health Workforce, pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

Health Resources and Services Administration (HRSA) – An operating agency of the U.S. Department of Health and Human Services.

Health Workforce Connector (HWC) – The [Health Workforce Connector](#) is a searchable database of open job opportunities, list and profiles of rural NHSC-approved SUD treatment facilities.

Holder – The commercial or government institution that currently holds the promissory note for the qualifying educational loan (e.g., Sallie Mae, PHEAA, etc.).

Indian Health Service (IHS) Hospitals – A collective term that includes hospitals that are both IHS-owned and IHS-operated, or IHS-owned and tribally-operated (i.e., a federal facility operated by a tribe or tribal organization contracting with the IHS pursuant to the Indian Self-Determination and Education Assistance Act), which provide both inpatient and outpatient clinical SUD treatment services to eligible American Indians and Alaska Natives. This term does not include hospitals that are both tribally-owned and tribally-operated.

Indian Health Service, Tribal or Urban Indian Health Clinic (ITU) – A health care facility (whether operated directly by the IHS; or by a tribe or tribal organization contracting with the IHS pursuant to the Indian Self-Determination and Education Assistance Act, codified at 25 U.S.C. 450 et seq.; or by an urban Indian organization receiving funds under Subchapter IV of the Indian Health Care

Improvement Act, codified at 25 U.S.C. 1651 et seq.), which provides clinical SUD treatment services to eligible American Indians and Alaska Natives on an outpatient basis. For more information, please read the [Urban Indian Health Program Fact Sheet](#) or view the [IHS Profile](#).

Lender – The commercial or government institution that initially made the qualifying loan (e.g., Department of Education).

Medication-Assisted Treatment Facility (MAT) – The use of FDA- approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

National Health Service Corps (NHSC) – “The Emergency Health Personnel Act of 1970,” Public Law 91-623, established the NHSC on December 31, 1970. The NHSC Program, within the Department of Health and Human Services, was created to eliminate the health professional shortages in HPSAs through the assignment of trained health professionals to provide primary health services in HPSAs. The NHSC seeks to improve the health of underserved Americans by bringing together communities in need and quality primary health care professionals.

National Health Service Corps (NHSC) Loan Repayment Program (LRP) – The NHSC LRP is authorized by Sections 338B and 331(i) of the PHS Act, as amended. Under the NHSC LRP, participants provide full-time or half-time primary health services in HPSAs in exchange for funds for the repayment of their qualifying educational loans. The NHSC LRP selects fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of medically underserved HPSA communities.

National Health Service Corps Rural Community Loan Repayment Program (NHSC Rural Community LRP) – The NHSC Rural Community LRP is authorized by Section 338B of the Public Health Service (PHS) Act (42 United States Code Section 254I-1), as amended and Section 331(i) of the PHS Act (42 United States Code Section 254d(i)), as amended. Under the NHSC Rural Community LRP, the NHSC enters into contracts with students while in their last year of medical or dental school, to provide loan repayment assistance in return for a commitment to provide primary health services in eligible communities of need designated as Health Professional Shortage Areas.

Non-opioid Outpatient Substance Use Disorder Treatment Facility – Sites other than OTPs and OBOT facilities that provide outpatient SUD treatment services to patients with SUD needs.

Office-Based Opioid Treatment (OBOT) Facility – Clinical practices that provide office-based medication-assisted treatment services to patients with opioid use disorder by a provider with a waiver granted under 21 U.S.C. § 823(g)(2), otherwise known as a Drug Addiction Treatment Act of 2000 (DATA 2000) waiver.

Opioid Treatment Programs (OTP) – Sites that provide medication-assisted treatment (MAT) for people diagnosed with opioid-use disorder that are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) in accordance with 42 C.F.R. Part 8. OTPs must also be

accredited by an independent, SAMHSA-approved accrediting body to dispense opioid treatment medications, licensed by the state in which they operate, and must register with the Drug Enforcement Administration (DEA) through a local DEA office.

Postgraduate Training – Refers to additional training that a health professions student may participate in after they graduate from a health professions education program (e.g., internships, residencies, chief residency, and fellowships).

Primary Health Services – Means health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other health professionals, and for purposes of the NHSC Rural Community LRP, includes clinical substance use disorder treatment services.

Qualifying Educational Loans – Government and private student loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant that were obtained by the clinician prior to their submission of an application to participate in the NHSC LRP or NHSC Rural Community LRP . Such loans must be contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has a consolidated/refinanced loan that is made up entirely of qualifying educational loans of the applicant, the consolidated/refinanced loan is eligible for repayment. If the applicant has consolidated otherwise qualifying educational loans with any non-qualifying debt, no portion of the consolidated/refinanced loan will be eligible.

RCORP Consortium Member Site – As used in this *Guidance* and for the purposes of the NHSC Rural Community LRP, the use of the term RCORP Consortium Member Site refers to a site operated by all domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations, that was identified as a consortium member under the Rural Communities Opioid Response Program funding opportunities.

Reasonable Educational Expenses – The costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, and board, certification/licensing exams, which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment. **Debt associated with residency programs or relocation is not considered “reasonable educational expenses” under the NHSC LRP or NHSC Rural Community LRP.**

Reasonable Living Expenses – The costs of room and board, transportation, and commuting costs, which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment. **Debt associated with residency programs or relocation is not considered “reasonable living expenses” under the NHSC LRP or NHSC Rural Community LRP.**

RUCA Code – Rural-Urban Commuting Area codes, or RUCAs, are a Census tract-based classification scheme that utilizes the standard Census Bureau urban area and place definitions in combination with commuting information to characterize all of the nation's census tracts regarding their rural and urban status, and relationships.

Rural Communities – Geographical areas located in a non-metropolitan county, or an area located in a metropolitan county designated by the HRSA's Federal Office of Rural Health Policy (FORHP) as being considered rural. FORHP uses RUCA codes to identify rural Census Tracts within Metropolitan counties.

Rural Health Clinic (RHC) – A facility certified by the Centers for Medicare and Medicaid Services under section 1861(aa)(2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. RHCs are located in a non-urbanized area with an insufficient number of health care practitioners and provide routine diagnostic and clinical laboratory services. RHCs have a nurse practitioner, a physician assistant, or a certified nurse-midwife available to furnish patient care services not less than 50 percent of the time the clinic operates. For more information, review the [Rural Health Clinic Fact Sheet](#).

Rural NHSC-Approved SUD Treatment Facility - A health care site that is: located in, or provides service to, a federally designated HPSA; located in an area designated as Rural by FORHP; provides comprehensive primary medical care, behavioral/mental health, and/or dental services; provides ambulatory care services (no inpatient sites, except CAHs and IHS hospitals); ensures access to ancillary, inpatient, and specialty referrals; charges fees for services consistent with prevailing rates in the area; discount or waives fees for individuals at or below 200% of the federal poverty level; accepts assignment for Medicare beneficiaries; enters into agreements with Medicaid and the Children's Health Insurance Program (CHIP), as applicable; does not discriminate in the provision of services based on an individual's inability to pay for services or the source of payment (Medicare/Medicaid/CHIP); prominently post signage that no one will be denied access to services due to inability to pay; agrees not to reduce clinician's salary due to NHSC support; provides sound fiscal management; and maintains a recruitment and retention plan, as well as a credentialing process, for clinicians.

As used in this *Guidance* and for purposes of the NHSC Rural Community LRP, the term rural NHSC-approved SUD treatment facility is also a collective term used to refer to opioid treatment programs (OTPs), office-based opioid treatment (OBOT) facilities, and non-opioid outpatient SUD treatment facilities that meet the requirements described in the above paragraph. NHSC Rural Community LRP applicants must work at a rural NHSC-approved SUD treatment facility in order to be eligible for the NHSC Rural Communities LRP. To determine if a site is considered "rural" for purposes of the NHSC Rural Communities LRP, use this HRSA Data Warehouse tool: [the Rural Health Grants Eligibility Analyzer](#).

Solo or Group Private Practice – A clinical practice that is made up of either one or many providers in which the providers have ownership or an invested interest in the practice. Private practices can be arranged to provide primary medical, dental, and/or mental health services and can be

organized as entities on the following basis: fee-for-service; capitation; a combination of the two; family practice group; primary care group; or multi-specialty group.

Spouse and Marriage – As used in this *Guidance* and for the purposes of the National Health Service Corps, “spouse” includes same-sex married couples, as well as opposite-sex married couples. In accordance with the Supreme Court decisions in United States v. Windsor and in Obergefell v. Hodges, the Department of Health and Human Services will treat as valid marriages of same-sex couples. The term “spouse” does not include individuals in registered domestic partnerships, civil unions, or similar formal relationships recognized under state law as something other than a marriage.

State – As used in this *Guidance*, state includes the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia.

Substance Use Disorder (SUD) – Involves the overuse of, or dependence on, a one or more substances leading to a clinically significant impairment whose effects are detrimental to the individual's physical and mental health, or the welfare of others

Substance Use Disorder (SUD) Professional – As used in this *Guidance* and for the purposes of the NHSC Rural Community LRP, SUD Professionals are Allopathic/Osteopathic Physicians, Physician Assistants, Psychiatrists, Nurse Practitioners, Certified Nurse-Midwives, Psychiatric Nurse Specialists, Physician Assistants, Licensed SUD counselors, Health Service Psychologists, Licensed Clinical Social Workers, Marriage and Family Therapists, Licensed Professional Counselors, Pharmacists, Registered Nurses and Certified Registered Nurse Anesthetists who satisfy the discipline specific training, licensure and credentialing requirements identified in the “Required Credentials for Eligible Disciplines” section.

Substance Use Disorder (SUD) Treatment– As used in this guidance and for purposes of the NHSC Rural Community LRP, substance use disorder treatment refers to substance use disorder related care that is delivered based on a standardized assessment of substance use disorder treatment needs.

Teaching – As used in this *Guidance*, teaching is providing clinical education to students or residents in their area of expertise at the NHSC-approved service site. All teaching must be conducted as directed by the NHSC-approved service site(s). The clinical education may: (1) be conducted as part of an accredited clinical training program; (2) include the clinical supervision of a student/clinician that is required in order for that student/clinician to receive a license under state law; or (3) include mentoring that is conducted as a part of the Health Careers Opportunity Program (HCOP) or the Centers of Excellence program, which are both funded through HRSA grants. Teaching must be conducted at the NHSC-approved practice site specified in the [BHW Customer Service Portal](#) profile. If the NHSC participant is actually providing the clinical service while a student/clinician observes, the activity should be treated as patient care.

Teaching Health Center (THC) – An entity that (1) is a community based, ambulatory patient care center and (2) operates a primary care postgraduate training program (i.e., an approved graduate medical residency program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, or geriatrics). Currently funded THC's are listed on [HRSA Data Warehouse](#).

Telemedicine/Telehealth – The practice of medicine:

- In accordance with applicable federal and state laws by a practitioner (other than a pharmacist) who is at a location remote from the patient; and is communicating with the patient, or health care professional who is treating the patient, using a telecommunications system referred to in regulation. While:
 1. The patient is being treated by, and physically located in, a DEA-registered hospital or clinic; and by a practitioner
 - who is acting in the usual course of professional practice;
 - who is acting in accordance with applicable state law; and
 - Who is registered with the DEA state in which the patient is located.
 - OR-
 2. The patient is being treated by, and in the physical presence of, a DEA-registered practitioner
 - who is acting in the usual course of professional practice;
 - who is acting in accordance with applicable state law; and
 - Who is registered with DEA in the state in which the patient is located.

Importantly, remote practitioners engaged in the practice of telemedicine must be registered with the DEA in the state where they are physically located and in every state where their patient(s) is (are) physically located. All records for prescribing of an FDA approved narcotic for the SUD treatment of opioid addiction need to be kept in accordance with federal regulations.

Tribal Health Program – An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the IHS through, or provided for in, a contract or compact with the IHS under the Indian Self-Determination and Education Assistance Act (25 USC 450 et seq.).

Unencumbered License – A license that is not revoked, suspended, or made probationary or conditional by the state licensing authority as the result of disciplinary action.